



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 11, 2022

Administrator
Elim Shores
7900 Timber Lake Drive
Eden Prairie, MN 55347

RE: Project Number(s) SL30597015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on March 30, 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
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:

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

Elim Shores
April 11, 2022
Page 3

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,

A handwritten signature in black ink, appearing to read "Casey DeVries". The signature is fluid and cursive, with the first name "Casey" being more prominent than the last name "DeVries".

Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30597	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/30/2022
NAME OF PROVIDER OR SUPPLIER ELIM SHORES		STREET ADDRESS, CITY, STATE, ZIP CODE 7900 TIMBER LAKE DRIVE EDEN PRAIRIE, MN 55347		
(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: SL30597015 On March 28 through March 30, 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, there were 51 residents; 14 receiving services under the provider's 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 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 subd. 1, 2, and 3.	
0 630 SS=F	144G.42 Subd. 6 Compliance with requirements for reporting ma	0 630		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 630	Continued From page 1 (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop an individual abuse prevention plan (IAPP) with all required content for two of two residents (R3, R4) with records reviewed. This had the potential to affect all residents who resided in the licensed assisted living 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), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R3's and R5's records lacked an IAPP to include assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults (VA); the person's risk of abusing other VAs; and statements of the specific measures to be taken to minimize the risk of	0 630		

Minnesota Department of Health

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0 630	Continued From page 2 abuse to that person and other VAs. R3 R3 was admitted to the assisted living facility July 1, 2021, and contracted for housing only from the licensee. On Mach 29, 2022, at approximately 3:15 p.m., the surveyor observed R3 in the main activity area. R3 said she partakes in many activities offered, but otherwise "I'm completely independent" and does her own cooking, medications, grooming, etc. R5 R5 was admitted to the assisted living facility July 7, 2020, and contracted for housing only from the licensee. On March 28, 2022, at about 4:27 p.m., R5 was seated in a recliner in the apartment shared with his spouse. R5 told the surveyor he leaves the apartment on daily basis to join up with friends at the nearby shopping center and have a meal. R5 stated he received no services from the licensee. On March 30, 2022, at approximately 11:53 a.m., licensed assisted living director (LALD)-A stated the facility is a "hybrid", with about 75% of the residents completely independent. LALD-A acknowledged that neither R3 nor R5 had a written abuse prevention plan and also verified none of the "independent" residents had a formal, documented plan. The licensee's Abuse Prohibition policy, reviewed June 4, 2021, indicated the licensee prohibits maltreatment by anyone including staff, vulnerable adults, and others and has designed and implemented processes which strive to	0 630		

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0 630	Continued From page 3 ensure the prevention of vulnerable adult maltreatment. The policy indicated under the "Prevention/Protection" section #2, all tenants of the facility are considered vulnerable adults (VA), and therefore the registered nurse evaluates the vulnerability of each VA and develops interventions as part of the individual abuse prevention plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the license failed to maintain a tuberculosis (TB) infection control program based on guidelines by the	0 660		

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0 660	Continued From page 4 Center for Disease Control (CDC) and Minnesota Department of Health and ensure TB health screenings were completed for 1 of 3 employees (registered nurse (RN)-B) with employee health 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 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: The facility TB risk assessment, dated March 4, 2022, indicated the licensee was a low-risk setting for TB transmission. RN-B was hired November 29, 2021, to provide direct care and services to the licensee's residents and provide oversight and supervision of unlicensed personnel. RN-B's employee record lacked evidence of a current TB history and symptoms screen or having received either a two-step tuberculin skin test (TST) or blood test screen for active TB. RN-B's record contained a history and symptoms screen dated November 29, 2016, and two TSTs, dated December 1, 2016, and December 15, 2016. On March 30, 2022, at approximately 11:49 a.m., RN-B said she transferred from a sister facility within the company, and they transferred her TB file information. RN-B acknowledged she was	0 660		

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0 660	Continued From page 5 considered a new employee with the transfer and verified she had not completed a new history and symptoms screen nor a TST or blood test, stating it was an oversight. The licensee's Tuberculosis Prevention and Screening AL-MN policy, revised September 2021, indicated the licensee will follow the CDC's guidelines for preventing transmission of TB. Under the section "Screening of Health Care Workers" (HCW) the policy indicated all paid and unpaid HCWs will receive a baseline TB screening to include evaluation of risk factors for active TB and testing for the presence of infection with either two-step TST or single blood test. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
0 970 SS=F	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal	0 970			

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0 970	Continued From page 6 property of a resident. This had the potential to affect all 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), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Following the entrance conference on March 28, 2022, at approximately 12:06 p.m., the licensee provided a current copy of the facility's assisted living contract as presented in an admission packet. The assisted living contract included two clauses that indicated the resident would waive the facility's liability for health, safety, or personal property of a resident. Page 21, "Indemnification," section 21 of the contract indicated: As an occupant of the Community, Resident assumes the risk for Resident's own safety and for the safety of Resident's guests and agents. Resident would indemnify or hold harmless the provider, its employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by resident of the rented premises or any other part of the provider's property, or caused wholly or in part by an act or omission of resident or resident's guests or agents. On page 21, "Liability" section 23, the contract indicated the provider was not liable to resident or	0 970			

Minnesota Department of Health

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0 970	Continued From page 7 resident's guests for any injury, death or property damage occurring in the apartment unit or on provider's premises unless such injury, death or property damage occurred as a result of Provider's own negligent acts or omissions, or those of its employee, officers managers, owners or agents. Provider is also not liable for any injury, death or damage occurring as the result of Resident's receipt of health-related, supportive or other services from third-party providers. Unless caused by one of the aforementioned excepted reasons, resident agrees to hold provider harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Apartment of on the Provider's premises. On March 30, 2022, licensed assisted living director (LALD)-A confirmed the assisted living contract contained clauses that required residents to waive the facility's liability for health, safety, or personal property. LALD-A confirmed all residents in the facility signed the same assisted living contract. LALD-A further stated they believed the contract language did not limit or waive the licensee's responsibility or liability for consequences of actions and services that are under their domain and for which they are responsible, but rather, the language expressed that they are not responsible for the actions and errors of third party vendors. LALD-A stated they interpret the clauses to refer to actions out of the licensee's control. LALD-A further expressed their contracts were written in the spirit of what the licensee was morally and ethically responsible for and said the contracts reflected their company's beliefs and values. LALD-A they were not abdicating responsibility as a provider to our residents in any way.	0 970		

Minnesota Department of Health

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0 970	Continued From page 8 A policy on content of assisted living contracts was requested, but none was provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		



Minnesota Department of Health

625 Robert Street North
St Paul
651-201-4500

Type: Full
Date: 03/29/22
Time: 11:46:15
Report: 7994221069

Food and Beverage Establishment Inspection Report

Page 1

Location:

Elim Shores
7900 Timber Lake Drive
Eden Prairie, MN55347
Hennepin County, 27

Establishment Info:

ID #: 0038618
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9529343005
ID #:

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

No NEW orders were issued during this inspection.

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

THIS WAS AN UNANNOUNCED INSPECTION. I SPOKE WITH THE PERSON IN CHARGE ABOUT THIS REPORT AND ANY ITEMS WITHIN.

TEMPERATURES:**HOT HOLDING**

STOGENOFF 162

CARROTS 148

NOODLES 158

COLD HOLDING

SLICED MEATS 40

COOLED TURKEY 40

MELON 39

SANITIZERS:

DISHWASHER 170 F

Type: Full
Date: 03/29/22
Time: 11:46:15
Report: 7994221069
Elim Shores

Food and Beverage Establishment Inspection Report

Page 2

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 7994221069 of 03/29/22.

Certified Food Protection Manager Laura L Swenson

Certification Number: 101089 Expires: 09/26/22

Inspection report reviewed with person in charge and emailed.

Signed: _____

Establishment Representative

Signed: 

Crystal Elva
Public Health Sanitarian 3
St Paul
651-201-3981
Crystal.Elva@state.mn.us

Report #: 7994221069

Food Establishment Inspection Report



Minnesota Department of Health

625 Robert Street North
St Paul

No. of RF/PHI Categories Out

0

Date 03/29/22

No. of Repeat RF/PHI Categories Out

0

Time In 11:46:15

Legal Authority MN Rules Chapter 4626

Time Out

Elim Shores

Address

7900 Timber Lake Drive

City/State

Eden Prairie, MN

Zip Code

55347

Telephone

9529343005

License/Permit #
0038618

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
Supervision			
1	☒ IN ☐ OUT	PIC knowledgeable; duties & oversight	
2	☒ IN ☐ OUT ☐ N/A	Certified food protection manager, duties	
Employee Health			
3	☒ IN ☐ OUT	Mgmt/Staff; knowledge, responsibilities & reporting	
4	☒ IN ☐ OUT	Proper use of reporting, restriction & exclusion	
5	☒ IN ☐ OUT	Procedures for responding to vomiting & diarrheal events	
Good Hygienic Practices			
6	☒ IN ☐ OUT ☐ N/O	Proper eating, tasting, drinking, or tobacco use	
7	☒ IN ☐ OUT ☐ N/O	No discharge from eyes, nose, & mouth	
Preventing Contamination by Hands			
8	☒ IN ☐ OUT ☐ N/O	Hands clean & properly washed	
9	☒ IN ☐ OUT ☐ N/A ☐ N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	
10	☒ IN ☐ OUT	Adequate handwashing sinks supplied/accessible	
Approved Source			
11	☒ IN ☐ OUT	Food obtained from approved source	
12	☐ IN ☐ OUT ☐ N/A ☒ N/O	Food received at proper temperature	
13	☒ IN ☐ OUT	Food in good condition, safe, & unadulterated	
14	☐ IN ☐ OUT ☐ N/A ☐ N/O	Required records available; shellstock tags, parasite destruction	
Protection from Contamination			
15	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food separated and protected	
16	☒ IN ☐ OUT ☐ N/A	Food contact surfaces: cleaned & sanitized	
17	☒ IN ☐ OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	☐ IN ☐ OUT ☐ N/A ☒ N/O	Proper cooking time & temperature	
19	☐ IN ☐ OUT ☐ N/A ☒ N/O	Proper reheating procedures for hot holding	
20	☐ IN ☐ OUT ☐ N/A ☒ N/O	Proper cooling time & temperature	
21	☒ IN ☐ OUT ☐ N/A ☐ N/O	Proper hot holding temperatures	
22	☒ IN ☐ OUT ☐ N/A	Proper cold holding temperatures	
23	☒ IN ☐ OUT ☐ N/A ☐ N/O	Proper date marking & disposition	
24	☐ IN ☐ OUT ☒ N/A ☐ N/O	Time as a public health control: procedures & records	
Consumer Advisory			
25	☐ IN ☐ OUT ☒ N/A	Consumer advisory provided for raw/undercooked food	
Highly Susceptible Populations			
26	☒ IN ☐ OUT ☐ N/A	Pasteurized foods used; prohibited foods not offered	
Food and Color Additives and Toxic Substances			
27	☐ IN ☐ OUT ☒ N/A	Food additives: approved & properly used	
28	☒ IN ☐ OUT	Toxic substances properly identified, stored, & used	
Conformance with Approved Procedures			
29	☐ IN ☐ OUT ☒ N/A	Compliance with variance/specialized process/HACCP	

Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS= corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	☒ IN ☐ OUT ☐ N/A	Pasteurized eggs used where required	
31	☐ IN ☐ OUT ☐ N/A	Water & ice obtained from an approved source	
32	☐ IN ☐ OUT ☒ N/A	Variance obtained for specialized processing methods	
Food Temperature Control			
33	☐ IN ☐ OUT ☐ N/A ☐ N/O	Proper cooling methods used; adequate equipment for temperature control	
34	☐ IN ☐ OUT ☐ N/A ☒ N/O	Plant food properly cooked for hot holding	
35	☒ IN ☐ OUT ☐ N/A ☐ N/O	Approved thawing methods used	
36	☐ IN ☐ OUT ☐ N/A ☐ N/O	Thermometers provided & accurate	
Food Identification			
37	☐ IN ☐ OUT ☐ N/A ☐ N/O	Food properly labeled; original container	
Prevention of Food Contamination			
38	☐ IN ☐ OUT ☐ N/A ☐ N/O	Insects, rodents, & animals not present	
39	☐ IN ☐ OUT ☐ N/A ☐ N/O	Contamination prevented during food prep, storage & display	
40	☐ IN ☐ OUT ☐ N/A ☐ N/O	Personal cleanliness	
41	☐ IN ☐ OUT ☐ N/A ☐ N/O	Wiping cloths: properly used & stored	
42	☐ IN ☐ OUT ☐ N/A ☐ N/O	Washing fruits & vegetables	

Compliance Status		COS	R
Proper Use of Utensils			
43	☐ IN ☐ OUT ☐ N/A ☐ N/O	In-use utensils: properly stored	
44	☐ IN ☐ OUT ☐ N/A ☐ N/O	Utensils, equipment & linens: properly stored, dried, & handled	
45	☐ IN ☐ OUT ☐ N/A ☐ N/O	Single-use/single service articles: properly stored & used	
46	☐ IN ☐ OUT ☐ N/A ☐ N/O	Gloves used properly	
Utensil Equipment and Vending			
47	☐ IN ☐ OUT ☐ N/A ☐ N/O	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
48	☐ IN ☐ OUT ☐ N/A ☐ N/O	Warewashing facilities: installed, maintained, & used; test strips	
49	☐ IN ☐ OUT ☐ N/A ☐ N/O	Non-food contact surfaces clean	
Physical Facilities			
50	☐ IN ☐ OUT ☐ N/A ☐ N/O	Hot & cold water available; adequate pressure	
51	☐ IN ☐ OUT ☐ N/A ☐ N/O	Plumbing installed; proper backflow devices	
52	☐ IN ☐ OUT ☐ N/A ☐ N/O	Sewage & waste water properly disposed	
53	☐ IN ☐ OUT ☐ N/A ☐ N/O	Toilet facilities: properly constructed, supplied, & cleaned	
54	☐ IN ☐ OUT ☐ N/A ☐ N/O	Garbage & refuse properly disposed; facilities maintained	
55	☐ IN ☐ OUT ☐ N/A ☐ N/O	Physical facilities installed, maintained, & clean	
56	☐ IN ☐ OUT ☐ N/A ☐ N/O	Adequate ventilation & lighting; designated areas used	
57	☐ IN ☐ OUT ☐ N/A ☐ N/O	Compliance with MCIAA	
58	☐ IN ☐ OUT ☐ N/A ☐ N/O	Compliance with licensing & plan review	

Food Recalls:

Person in Charge (Signature)

Date: 03/29/22

Inspector (Signature)