



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 17, 2022

Administrator
Willows Landing Senior Living
9872 Hart Boulevard
Monticello, MN 55362

RE: Project Number(s) SL37633015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on November 2, 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
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St. Paul, MN 55164-0970

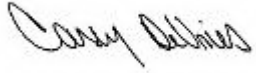
Willows Landing Senior Living

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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".

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: 37633	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/02/2022
NAME OF PROVIDER OR SUPPLIER WILLOWS LANDING SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 9872 HART BLVD. MONTICELLO, MN 55362		
(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: SL37633015-0 On October 31, 2022, through November 2, 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 80 residents, 51 of whom received services under the provider's assisted living with dementia care 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 144A.474 subd. 11 (b) (1) (2) -or- 144G.31 subd. 1, 2 and 3	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1 (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 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 October 31, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		

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0 680 SS=C	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide minimum emergency generator system inspections as part of the emergency plan required under Minnesota Rules, Part 4659.0100 to ensure the proper performance of the generator. This had the potential to affect all residents, staff, and visitors.	0 680		

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0 680	Continued From page 3 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 potential to affect a large portion or all of the residents). The findings include: On November 2, 2022, at approximately 1:30 p.m., survey staff requested records relating to the emergency generator inspections, maintenance, and load test runs for review from the maintenance director (M)-F. Document review and interview with M-F at approximately 2:00 p.m., indicated the licensee failed to provide the required minimum frequency of weekly inspection records to meet the requirements for the emergency power generator as outlined under NFPA 110, (referenced under the Code of Federal Regulations, title 42, section 483.73) as part of the facility's emergency plan required under Minnesota Rules, Part 4659.0100, to ensure proper performance of the generator. M-F did provide a record of the bi-annual inspections performed by their generator contractor and no other weekly inspection records were available. On November 2, 2022, at approximately 2:30 p.m., licensed assisted living director (LALD)-A and M-F acknowledged the finding that the weekly inspections on the emergency generator were not met. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment	0 800		

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0 800	Continued From page 4 (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 physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents, visitors, and staff. 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: On November 2, 2022, approximately from 10: 45 a.m. to 1:00 p.m., survey staff toured the facility with the maintenance director (M)-F. During the tour, survey staff observed and the M-F confirmed in vacant resident bedrooms 225 and 327, the toilet fixture traps were completely dried out, which would allow sewer gas to enter the building environment creating unsafe health risks to residents and employees. Survey staff explained to the M-F that dried-out toilet traps also meant dried-out shower and lavatory traps.	0 800		

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0 800	Continued From page 5 On November 2, 2022, at approximately 2:30 p.m., during the exit interview, M-F and the LALD-A acknowledged the finding and agreed to perform a more routine flushing of the plumbing fixtures in the vacant rooms. No further information was provided. TIME PERIOD FOR CORRECTION: Three (3) days	0 800		
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	0 810		

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0 810	Continued From page 6 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 the record review and interview, the licensee failed to provide required complete content on the fire safety and evacuation plan. This has the potential to directly affect the safety of all residents receiving care, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On November 2, 2022, at approximately 1:10 p.m., survey staff received and reviewed the facility's fire safety and evacuation documentation, the evacuation drill, and the training documentation provided by the licensed assisted living director (LALD)-A and the maintenance director (M)-F. A documentation review and interview were performed with the LALD-A and M-F at approximately 2:00 p.m. indicated the plan documentation lacked complete procedures that	0 810		

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0 810	Continued From page 7 included employee actions to be taken in the event of a fire or similar emergency by calling 911. In addition, the documentation did not include identification of unique or unusual resident needs for movement or evacuation order for resident movement, evacuation, or relocation during a fire or similar emergency. Survey staff explained to the LALD-A and the M-F that unique situations that must be considered during an evacuation include residents with mobility limitations, cognitive impairment, deaf or blind, or any residents needing assistance including movement and evacuation that must be addressed in the fire safety and evacuation plan. On November 2, 2022, at approximately 2:30 p.m., during the exit interview, M-F and the LALD-A acknowledged the above findings and agreed to update the facility's fire safety and evacuation plan to reflect the requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=C	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	0 970		

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0 970	Continued From page 8 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 property of a resident. This had the potential to affect 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 potential to affect a large portion or all the residents). The findings include: The licensee's current 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 14, number 30 Personal Property indicated "Resident agrees that the Community is not responsible for any loss or damage to Resident's personal property due to any reason or cause, including theft, other than the Community's own negligence. Resident further agrees that Community is not responsible for damage to Resident's personal property due to fire, water, tornado or other acts of nature and events beyond the Community's control." -Page 15, number 34 Liability indicated "The Community is not liable to Resident or Resident's guests for any injury, death, or property damage occurring in the Apartment or on the Community's premises unless such injury, death, or property damage occurs as the result of Community's own negligent acts or those of its employees, officers, managers, owners, or agents. The Community is also not liable for any injury, death, or damage	0 970		

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0 970	Continued From page 9 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 the Community harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Apartment or on the Community's premises. -Page 17, number 33 Indemnification indicated "As a resident of the Community, Resident assumes the risk for Resident's own safety and for the safety of Resident's guests and agents. Resident will indemnify and hold harmless the Community, its employees, officers, managers, owners, 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 Community's property, or caused wholly or in part by an act or omission of Resident or Resident's guests or agents." On November 1, 2022, at 2:00 p.m., licensed assisted living director (LALD)-A stated the corporate office had already taken out a part of the contract regarding indemnification. LALD-A stated she thought the contract had been fixed to make it compliant. LALD-A further stated all new residents [from the last 1-2 months] received the new contract without the indemnification piece in it. LALD-A stated she was told by corporate that it was okay to just use the new contracts going forward, so the rest of the residents still had contracts with all three clauses indicating they would waive liability. No further information was provided.	0 970		

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0 970	Continued From page 10	0 970		
01940 SS=D	TIME PERIOD FOR CORRECTION: Twenty-one (21) days 144G.72 Subd. 3 Individualized treatment or therapy management 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 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	01940		

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01940	Continued From page 11 by: Based on interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of four residents (R3). 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: On October 31, 2022, at 9:40 a.m., during the entrance conference, regional nurse specialist (RN)-C stated the licensee offered services to include modified diets. R3 had diagnoses to include Parkinson's disease. R3's service plan dated May 11, 2022, indicated R3 received treatment services. R3's doctor orders dated March 21, 2022, indicated R3 should be on a mechanical soft diet indefinitely, patient must be upright with all meals, chew foods very well. R3's Medication/Treatment/Therapy Assessment & Plan document dated August 13, 2022, did not indicate a mechanical soft diet. The treatment and therapy plan lacked the following regarding the specialized diet: - a statement of the type of services that will be provided;	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37633	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/02/2022
NAME OF PROVIDER OR SUPPLIER WILLOWS LANDING SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 9872 HART BLVD. MONTICELLO, MN 55362		
(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 -documentation of specific resident instructions relating to the treatments or therapy administration; -indemnification of treatment or therapy tasks that will be delegated to unlicensed personnel; -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and -any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On November 2, 2022, at 11:37 a.m., chef (C)-G stated R3 was receiving a mechanical soft diet at every meal. On November 2, 2022, at 12:55 p.m., registered nurse (RN)-B stated R3 had a signed doctor's order for a mechanical soft diet and was receiving this at every meal. RN-B stated she did not think of a specialized diet as a treatment and that was why it was not included on R3's treatment and therapy management plan. The licensee's Treatment & Therapy Management Plan policy dated August 1, 2021, indicated [The facility] will develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: a. A statement of the type of services that will be provided b. Documentation of specific resident instructions relating to the treatments or therapy administration c. Identification of treatment or therapy tasks that will be delegated to unlicensed personnel d. Procedures for notifying a registered	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37633	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/02/2022
NAME OF PROVIDER OR SUPPLIER WILLOWS LANDING SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 9872 HART BLVD. MONTICELLO, MN 55362		
(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 nurse or appropriate licensed health professional when a problem arises with treatments or therapy services e. any resident specific requirements relating to documentation of treatment and therapy received f. Verification that all treatment and therapy was administered as prescribed g. Monitoring of treatment or therapy to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and	02110		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37633	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/02/2022
NAME OF PROVIDER OR SUPPLIER WILLOWS LANDING SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 9872 HART BLVD. MONTICELLO, MN 55362		
(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
02110	Continued From page 14 how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure policies and procedures for assisted living with dementia care (ALFDC) were provided to residents and the residents' legal and/or designated representatives at the time of move in for two of four 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) 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: R1 started services with the licensee on July 29, 2021, under the former comprehensive home care license and began receiving assisted living services on August 1, 2021. R2 started services with the licensee on August	02110		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37633	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/02/2022
NAME OF PROVIDER OR SUPPLIER WILLOWS LANDING SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 9872 HART BLVD. MONTICELLO, MN 55362		
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02110	Continued From page 15 30, 2021, under the assisted living license. The licensee failed to provide dementia policies and procedures for R1 and R2 and all residents residing at licensee that addressed: - philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; - evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; - wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; - medication management, including an assessment of residents for the use and effects of medication, including psychotropic medications; - staff training specific to dementia care; - description of life enrichment programs and how activities are implemented; - description of family support programs and efforts to keep the family engaged; - limiting the use of public address and intercom systems for emergencies and drills only; - transportation coordination and assistance to and from outside medication appointments; and - safekeeping of resident's possessions. On November 1, 2022, at 2:00 p.m., licensed assisted living director (LALD)-A confirmed none of the fifteen resident in the Dementia Care unit had received the required 10 dementia policies. LALD-A stated the licensee developed the policies but did not provide them to the residents and residents' legal and/or designated representatives.	02110		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37633	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/02/2022
NAME OF PROVIDER OR SUPPLIER WILLOWS LANDING SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 9872 HART BLVD. MONTICELLO, MN 55362		
(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
02110	Continued From page 16 No further information was provided TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110			

Type: Full
Date: 10/31/22
Time: 11:00:04
Report: 7930221171

Food and Beverage Establishment Inspection Report

Page 1

Location:

Willows Landing Senior Living
9872 Hart Blvd.
Monticello, MN55362
Wright County, 86

Establishment Info:

ID #: 0038890
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3204289586
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.

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.

RAW EGGS WERE STORED ABOVE CHEESE IN THE PREP COOLER. STORE RAW ANIMAL PRODUCTS BELOW READY TO EAT FOODS.

Corrected on Site

4-700 Sanitizing Equipment and Utensils

4-703.11C ** Priority 1 **

MN Rule 4626.0905C Sanitize food contact surfaces of equipment and utensils after cleaning by using an approved chemical sanitizer in manual or mechanical operations for at least 7 or 10 seconds for chlorine depending on temperature, concentration, and pH; and 30 seconds for all other chemical sanitizers or a contact time used in relation with a combination of temperature, concentration, and pH.

ACID SANITIZER MEASURED 170PPM COMING OUT OF THE SANITIZER DISPENSER AND IN CONTAINERS. CALL ECOLAB TO REPAIR UNIT SO SANITIZER IS DISPENSED AT A PROPER SANITIZING RANGE (RANGE IS STATED ON TEST KIT). USE BLEACH OR QUAT UNTIL REPAIRED.

Comply By: 10/31/22

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.

LIKE STATED ABOVE FOR THE DISHWASHER (THERMO-LABELS OR A WATERPROOF

Type: Full
Date: 10/31/22
Time: 11:00:04
Report: 7930221171
Willows Landing Senior Living

Food and Beverage Establishment Inspection Report

Page 2

THERMOMETER).

Comply By: 11/07/22

3-300C Protection from Contamination: equipment/utensils, consumers

3-305.11A

MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

BLOODY MARY MIX AND BIN OF FLOUR WERE STORED ON THE FLOOR IN THE DRY STORAGE ROOM AND BOXES OF FOOD WERE STORED ON THE FLOOR IN THE WALK-IN FREEZER. STORE LIKE STATED ABOVE.

Comply By: 10/31/22

4-900 Protecting Clean Items

4-903.11A

MN Rule 4626.0955A Store all clean equipment, utensils, linens, single-service and single-use articles in a clean dry location where not exposed to splash, dust, or other contamination and at least six inches above the floor.

BOXES OF SINGLE-SERVICE CONTAINERS AND SINGLE-SERVICE ITEMS WERE STORED ON THE FLOOR IN THE DRY STORAGE ROOM. STORE ALL SINGLE-SERVICE ITEMS UP OFF OF THE FLOOR AT LEAST 6 INCHES LIKE STATED ABOVE.

Comply By: 10/31/22

4-900 Protecting Clean Items

4-904.13

MN Rule 4626.0975 Protect preset tableware from contamination by wrapping, covering or inverting. Remove exposed preset tableware that is unused when a customer is seated or clean and sanitize exposed preset tableware that is not removed when a customer is seated.

AT TIME OF INSPECTION PRESET TABLEWARE WAS LYING ON TOP OF NAPKINS ON THE TABLES. WRAP OR COVER LIKE STATED ABOVE.

Comply By: 10/31/22

Surface and Equipment Sanitizers

Acid: = 170PPM at Degrees Fahrenheit

Location: OUT OF DISPENSER / IN SANITIZER BUCKETS

Violation Issued: Yes

Hot Water: = at 169.5 Degrees Fahrenheit

Location: DISHWASHER FINAL RINSE CYCLE

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Steam Table

Temperature: 169 Degrees Fahrenheit - Location: TOMATO SOUP

Violation Issued: No

Type: Full
Date: 10/31/22
Time: 11:00:04
Report: 7930221171
Willows Landing Senior Living

Food and Beverage Establishment Inspection Report

Page 3

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: DICED CANTALOUPE IN FRUIT CUP--MAIN
UPRIGHT COOLER
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 39 Degrees Fahrenheit - Location: TUNA SALAD
Violation Issued: No

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

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 7930221171 of 10/31/22.

Certified Food Protection Manager: Donna Simmons

Certification Number: FM39343 Expires: 06/20/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Establishment Representative

Signed: Tina Remmele

Tina Remmele, R.S.
Environmental Health Specialist
St. Cloud District Office
320-223-7302
tina.remmele@state.mn.us

Report #: 7930221171

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pools & Lodging Services
P.O. Box 64975
St. Paul, MN 55164-0975

No. of RF/PHI Categories Out

2

Date 10/31/22

No. of Repeat RF/PHI Categories Out

0

Time In 11:00:04

Legal Authority MN Rules Chapter 4626

Time Out

Willows Landing Senior Living

Address

9872 Hart Blvd.

City/State

Monticello, MN

Zip Code

55362

Telephone

3204289586

License/Permit #
0038890

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	X
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	X	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	X	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	X	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: 10/31/22

Inspector (Signature)