Electronically Delivered

December 31, 2024

Licensee
Lakeview Home Health Care
15891 Galveston Avenue
Apple Valley, MN 55124

RE: Project Number(s) SL36677016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 20, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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 may be 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.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

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

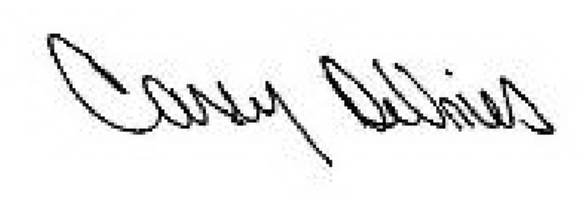
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36677	A. BUILDING: _____ B. WING _____	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW HOME HEALTH CARE	15891 GALVESTON AVENUE APPLE VALLEY, MN 55124

(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 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: SL36677016-0 On November 18, 2024, through November 20, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were four residents, all of whom received services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. 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, 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 19, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 485 SS=F	144G.41 Subdivision 1.a (a) Minimum requirements; required food services All assisted living facilities must offer to provide or make available 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 menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in 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. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to prepare a menu at least one week in advance and make available to all residents. This had the potential to affect all four residents at 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) 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).	0 485		

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0 485	Continued From page 4 The findings include: On November 18, 2024, at 8:53 a.m., during the entrance conference, clinical nurse supervisor (CNS)-A stated the licensee provided three meals per day, served per Minnesota (MN) Food Code. On November 18, 2024, at 9:30 a.m., during the facility tour, the surveyor observed the posted undated weekly menu which indicated the licensee served breakfast, lunch, and dinner. On November 19, 2024, at 9:15 a.m., the surveyor asked R3 what was on the menu for lunch. R3 stated she did not know. The surveyor further asked R3 if she had the menu, R3 stated she had never seen it. On November 19, 2024, at 10:30 a.m., licensed assisted living director (LALD)-C stated the menu was posted weekly in the kitchen. LALD-C also stated residents eat out every Wednesday, and that they were involved to prepare the menu. LALD-C further stated the licensee was not aware of the requirement to post the menu a week in advance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 490 SS=F	144G.41 Subdivision 1b Minimum requirements; other required services All assisted living facilities must offer to provide or make available the following services to residents: (1) weekly housekeeping;	0 490		

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0 490	Continued From page 5 (2) weekly laundry service; (3) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance; (4) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance; (5) provide culturally sensitive programs; and (6) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have a daily program of social and recreational activities based on individual and group interests, physical, mental, and psychosocial needs, that create opportunities for active participation in the community at large. 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	0 490		

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0 490	Continued From page 6 or has the potential to affect a large portion or all of the residents). The findings include: On November 18, 2024, through November 20, 2024, the surveyor did not observe any activities planned or offered to the residents. On November 19, 2024, at 8:20 a.m., during a tour of the facility, the surveyor observed an activity calendar posted by the staircase on the upper level of the split entry home. On November 19, 2024, from 9:03 a.m., through 2:40 p.m., the surveyor observed R3 remained seated at the dining table playing on her phone and occasionally sleeping in her chair. On November 19, 2024, between 10:33 a.m., and 2:20 p.m., the surveyor observed R2 made frequent trips outside to the patio to smoke and back to her room to watch television and remained there the whole time. On November 19, 2024, through November 20, 2024, R1 and R4 remained in their rooms throughout the time the surveyor was onsite except when they came out to eat their breakfast and lunch. On November 20, 2024, at 1:20 p.m., licensed assisted living director (LALD)-C stated the licensee's residents were slow in the morning but later in the day they were more alert to participate in activities. Also, LALD-C stated most of the time the residents would decline the activities offered. No further information was provided.	0 490		

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0 490	Continued From page 7 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 490		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complied with accepted health care, medical and nursing standards for infection control related to gloving and hand hygiene for one of one employee (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).	0 510		

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0 510	Continued From page 8 The findings include: ULP-B started employment with the licensee on January 4, 2024, to provide direct care services to residents. On November 19, 2024, at 8:20 a.m., the surveyor observed ULP-B come from the kitchen to the living area with gloves on and go back to the kitchen before sitting in the dining area with the same gloves. At 8:45 a.m., the surveyor observed R2 come upstairs complaining of neck pain and requested ULP-B to give her a pain-relieving rub topical cream. The surveyor observed ULP-B open the medication cabinet take out the cream and rub it on R2's neck using the same gloves. When ULP-B was done they removed the gloves and washed their hands in the kitchen sink. On November 20, 2024, at 8:10 a.m., the surveyor observed ULP-B prepare to administer morning medications to R1. During the preparation ULP-B dropped one pill on the floor, picked it up, put it in medication cup, and took the medications to R1 in her room and offered the medications to R1 to take. On November 20, 2024, at 2:30 p.m., registered nurse (RN)-D stated ULPs were trained to use gloves for a specific purpose, take them off when done, and wash their hands before doing anything else. RN-D also stated ULP-B should have put the medication that dropped on the floor in a different medication cup and called the nurse to provide instruction for how to replace it. The Centers for Disease Control and Prevention (CDC's) Clinical Safety: Hand Hygiene for Healthcare Workers dated February 27, 2024,	0 510		

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0 510	Continued From page 9 indicated recommendations when to wash your hands: - immediately before touching a patient; - before performing an aseptic task such as placing an indwelling device or handling invasive medical devices; - before moving from work on a soiled body site to a clean body site on the same patient; - after touching a patient or patient's surroundings; - after contact with blood, body fluids, or contaminated surfaces; and - immediately after glove removal. The licensee's Infection Control policy dated July 21, 2022, indicated the licensee will observe the recommended precautions for assisted living as identified by the Centers for Disease Control and Prevention (CDC). The policy also indicated hands are washed if contaminated with blood or body fluid, immediately after gloves are removed, between resident contacts, and when indicated to prevent transfer of microorganisms between resident or the environment. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 510		
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure,	0 650		

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0 650	Continued From page 10 registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed in all required skill areas, prior to providing services, for one of two employees (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-B started employment with the licensee on January 4, 2024, to provide direct care services	0 650		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 650	Continued From page 11 to residents. On November 18, 2024, at 10:45 a.m., ULP-B stated they were first trained by registered nurse (RN), then they shadowed another employee, and finally were observed by the RN and checked off to be competent. On November 20, 2024, at 8:20 a.m., the surveyor observed ULP-B administer oral medications to the licensee's residents. ULP-B's training record lacked the following required content: Competency evaluations: - appropriate and safe techniques in personal hygiene and grooming including hair care and bathing, care of teeth, gums, oral prosthetic devices, care and use of hearing aids, and dressing and assisting with toileting; - standby assistance techniques and how to perform them; - reading and recording temperature, pulse, and respirations of the resident; - safe transfer techniques and ambulation; - range of motioning and positioning; - administering medications or treatments as required; and - other RN/professionally delegated tasks. On November 20, 2024, at 1:50 p.m., clinical nurse supervisor (CNS)-A stated ULPs are trained through Educare (online training software), when they start, and competencies are completed with nurse and then signed off. CNS-A also stated all training records should be in the employee file. Further, CNS-A stated they had misplaced ULP-B's competency record when filing, but it was completed before ULP-B started working.	0 650		

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	36677	A. BUILDING: _____ B. WING _____	11/20/2024

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0 650	Continued From page 12 The licensee's Personnel Records policy dated July 21, 2022, indicated a personnel record will be started for each staff member upon hire. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 660 SS=F	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 licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a current facility TB risk assessment.	0 660		

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0 660	Continued From page 13 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 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: On November 18, 2024, at 8:53 a.m., during the entrance conference, clinical nurse supervisor (CNS)-A stated the licensee had completed the TB facility risk assessment. CNS-A also stated they could not remember the date it was completed or the risk level. On November 19, 2024, at 9:00 a.m., the surveyor requested the licensee's TB facility risk assessment. However, the licensee did not provide the TB facility risk assessment. On November 19, 2024, at 11:00 a.m., CNS-A stated she had completed the TB facility risk assessment and asked licensed assisted living director (LALD)-C to check for it in the cabinet in the office downstairs. On November 20, 2024, at 11:20 a.m., CNS-A stated they had completed the previous year's TB facility risk assessment. CNS-A also stated LALD-C was supposed to complete for the current year, and that they were not sure if it had been completed. LALD-C stated they would check for the facility risk assessment, however, by the time of the survey exit, LALD-C had not provided the facility risk assessment.	0 660		

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0 660	Continued From page 14 The Licensee's TB Prevention and Control policy dated July 21, 2022, indicated the clinical nurse supervisor is responsible for establishing and maintaining the TB prevention and control program. Responsibilities include: a. establishment of an infection control team b. completion of a written TB risk assessment for the agency using the form provided by the Minnesota Department of Health. c. annual review and revision as needed of the TB risk assessment for the facility. Based on the risk assessment, the clinical nurse supervisor will determine the frequency of TB screening and testing necessary for assisted living staff." The Facility Tuberculosis (TB) Risk Assessment Instructions and Worksheet for Health Care Settings Licensed by Minnesota Department of Health (MDH) dated June 2024, indicated settings should perform a facility risk assessment on an annual basis. The Minnesota Department of Health's Assisted Living Resources and Frequently Asked Questions (FAQs) dated December 12, 2024, indicated each provider licensed by MDH is required to complete a TB risk assessment annually. Completion of this assessment will assist providers in the development of an infection control committee and in determining the frequency of screening. The Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019 dated May 16, 2019, indicated all health care personnel should have a baseline TB screening including an individual risk assessment.	0 660		

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0 660	Continued From page 15 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
01290 SS=D	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for one of three employees (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of	01290		

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01290	Continued From page 16 residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The finding include: ULP-B started employment with licensee on January 4, 2024, to provide assisted living services. ULP-B's record included a background study clearance letter dated May 28, 2024. On November 18, 2024, 9:00 a.m., the surveyor requested for the licensee's Minnesota Department of Human Services NETStudy 2.0 (web-based system used to submit background study requests) roster for HFID 36677. ULP-B's name was missing from the list of names affiliated to the licensee's HFID number. On November 19, 2024, at 9:50 a.m., licensed assisted living director (LALD)-C pulled up another affiliation roster for another location owned by the licensee (HFID 35576) and ULP-B's name was on the roster. LALD-C stated the licensee always had this problem where employees were affiliated to different locations where they were not assigned to work. The licensee's Background Studies policy dated July 21, 2022, indicated each facility employee, volunteer or contractor who would provide direct care to residents must have a background study completed. The policy lacked the verbiage to include affiliating employees to the specific facility's HFID number. No further information was provided.	01290		

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01290	Continued From page 17 TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01530 SS=D	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct-care staff received at least eight hours of initial training on topics specified under paragraph (b) within	01530		

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01530	Continued From page 18 160 working hours of the employment start date for one of one employee (unlicensed personnel (ULP)-B). 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: ULP-B started employment with licensee on January 4, 2024, to provide assisted living services. ULP-B's training record My Transcript indicated ULP-B had completed dementia training in the following topics: - dementia activities- hydration nutrition eating and dining - 0.75 hours - dementia activities - toileting - 0.5 hours - dementia overview Alzheimer's disease - 0.75 hours - dementia overview - 1.00 hour - dementia 1 introduction and overview - 1.00 hour - dementia 2 communication - 1.25 hours - dementia 3 ADLs - 1.00 hour - dementia 4 behaviors and symptoms - 1.00 hour ULP-B's training record indicated they completed a total of 7.25 of the required eight hours within 160 hours of the employment start date. In addition, ULP-B's employee record lacked a person-centered planning and service delivery content training.	01530		

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01530	Continued From page 19 On November 20, 2024, at 2:15 p.m., licensed assisted living director (LALD)-C stated the licensee was not aware the employee had a missing training, and they thought ULP-B's dementia training was complete with all requirements. The licensee's Dementia Education policy dated July 21, 2022, indicated direct care employees must have completed at least eight (8) hours of initial education within 160 working hours of the employment start date in the following topics: a. an explanation of Alzheimer's Disease and other dementias; b. assistance with activities of daily living (ADL's); c. problem solving with challenging behaviors; d. communication skills; and e. person-centered planning and service delivery. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any	01760		

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01760	Continued From page 20 follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were transcribed and administered as prescribed, also, the licensee failed to ensure medication administration was documented accurately for one of three residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 was admitted to the licensee and began receiving assisted living services on December 1, 2022. R1's diagnoses included paranoid schizophrenia and diabetes. R1's Service Plan (Waiver) - Addendum to Contract dated September 1, 2023, indicated R1 received medication administration services. On November 20, 2024, at 8:10 a.m., the surveyor observed unlicensed personnel (ULP)-B administer oral medications to R1.	01760		

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01760	Continued From page 21 MEDICATION ORDERS MISSING ON MAR R1's medication administration record (MAR) dated November 1, 2024, through November 17, 2024, indicated R1 was taking the following medications: - benztropine 2 mg tablet take 1 tablet by mouth twice a day; - cetirizine 5 mg Tablet take 1 tablet by mouth daily; - Ingrezza 40 mg capsule take 1 capsule by mouth every morning; - metoprolol tartrate 25 mg tablet take 1/2 tablet by mouth twice a day; - mupirocin 2% Ointment apply to affected area(s) topically three times a day; - Ozempic (1mg/Dose) 4mg/3ml inject 1 mg subcutaneous once weekly; - triamcinolone 0.1% cream apply to affected area(s) topically twice a day; - vitamin B-12 1000 microgram (mcg) tablet give 1 tablet by mouth daily; - metformin 500 mg Er tablet take 4 tablets by mouth every evening with evening meal; - Tresiba flex 100-unit Injection give 80 units subcutaneously daily in the evening; and - hydroxyzine HCL 25 mg tablet take 1 tablet by mouth every six hours as needed for itching. R1's provider orders signed and dated July 11, 2024, for benzonatate 100 mg capsule take one capsule by mouth daily as needed for cough, and September 4, 2024, for Invega Sustenna 234 mg/1.5 ml inject 1.5 ml by intramuscular per month, were missing on the MAR. WRONG DOSAGE R1's MAR dated November 2024, indicated R1 received Ozempic (1 milligram (mg)/dose) 4mg/3milliliter (ml) inject 1 mg subcutaneous once weekly.	01760		

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01760	Continued From page 22 R1's provider orders signed and dated October 25, 2024, indicated Ozempic (2 mg/dose) 8 mg/3 ml, inject 0.75 ml (2 mg) subcutaneously every week. MISSING DOCUMENTATION R1's MAR dated November 1, 2024, through November 17, 2024, indicated R1 had not taken Ingrezza 40 mg capsule take 1 tablet by mouth every morning. On November 20, 2024, at 8:10 a.m., the surveyor asked ULP-B why they documented Ingrezza 40 mg capsule take 1 tablet by mouth every morning as not administered. ULP-B stated it had been out of stock for a while and that they were waiting for the pharmacy to supply. R1's provider orders signed and dated October 22, 2024, indicated Ingrezza 40 mg capsules take 1 capsule by mouth every night at bedtime. When the surveyor observed R1's medication blister packaging it indicated Ingrezza 40 mg capsule take 1 tablet was packed with bedtime medications. The blister packaging also showed that R1's medications were being taken out daily in the night but R1's MAR lacked the corresponding documentation for Ingrezza 40 mg capsule take 1 tablet with bedtime medications. On November 20, 2024, at 2:47 p.m., clinical nurse supervisor (CNS)-A stated they had not been to the licensee's facility as there was another registered nurse (RN) who was more frequent in the facility. CNS-A also stated when residents go for an appointment, they bring new orders or the provider faxes to the pharmacy directly and then the pharmacy sends to the licensee the new order with a transcript. Then the	01760		

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01760	Continued From page 23 nurse will transcribe on the MAR for the ULPs to administer. CNS-A further stated they were unsure how they had missed the new and changed orders to include them on the MAR. The licensee's Medication Orders policy dated July 21, 2022, indicated the licensee will administer medications as prescribed by the authorized prescriber and in accordance with all the rights defined in the Assisted living Bill of rights and in the Health Insurance Portability and Accountability Act. The policy also indicated when a written or electronic prescription is received, it must be communicated to the registered nurse in charge and recorded or placed into the resident's clinical record. The licensee's Medication Documentation policy dated July 21, 2022, indicated each medication administered by [licensee] staff will be documented in the resident's clinical record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01820 SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written or	01820		

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01820	Continued From page 24 electronically recorded prescription was obtained for one of two residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a 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 was admitted to the licensee and began receiving assisted living services on December 1, 2022. R1's diagnoses included paranoid schizophrenia and diabetes. R1's Service Plan (Waiver) - Addendum to Contract dated September 1, 2023, indicated R1 received medication administration services. On November 20, 2024, at 8:10 a.m., the surveyor observed ULP-B administer oral medications to R1. R1's medication administration record (MAR) dated November 1, 2024, through November 17, 2024, indicated R1 was taking the following medications: - benztropine 2 mg tablet take 1 tablet by mouth twice a day; - cetirizine 5 mg Tablet take 1 tablet by mouth daily; - Ingrezza 40 mg capsule take 1 capsule by mouth every morning; - metoprolol tartrate 25 mg tablet take 1/2 tablet	01820		

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01820	Continued From page 25 by mouth twice a day; - mupirocin 2% Ointment apply to affected area(s) topically three times a day; - Ozempic (1mg/Dose) 4mg/3ml inject 1 mg subcutaneous once weekly; - triamcinolone 0.1% cream apply to affected area(s) topically twice a day; - vitamin B-12 1000 microgram (mcg) tablet give 1 tablet by mouth daily; - metformin 500 mg Er tablet take 4 tablets by mouth every evening with evening meal; - Tresiba flex 100-unit Injection give 80 units subcutaneously daily in the evening; and - hydroxyzine HCL 25 mg tablet take 1 tablet by mouth every six hours as needed for itching. The following medications on R1's MAR lacked a written or electronically recorded prescription: - mupirocin 2% Ointment apply to affected area(s) topically three times a day; - vitamin B-12 1000 microgram (mcg) tablet give 1 tablet by mouth daily; - metoprolol tartrate 25 mg tablet take 1/2 tablet by mouth twice a day; - benztropine 2 mg tablet take 1 tablet by mouth twice a day; - Tresiba flex 100-unit Injection give 80 units subcutaneously daily in the evening; and - hydroxyzine HCL 25 mg tablet take 1 tablet by mouth every six hours as needed for itching. On November 20, 2024, at 2:47 p.m., clinical nurse supervisor (CNS)-A stated they had not been to the licensee's facility as there was another registered nurse (RN) who was more frequent in the facility. CNS-A also stated when residents go for an appointment, they bring new orders or the provider faxes to the pharmacy directly and then the pharmacy sends to the licensee the new order with a transcript. Then the	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36677	A. BUILDING: _____ B. WING _____	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW HOME HEALTH CARE	15891 GALVESTON AVENUE APPLE VALLEY, MN 55124

(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
01820	Continued From page 26 nurse will transcribe on the MAR for the ULPs to administer. CNS-A further stated the orders may be somewhere in the office, but they would need time to find them, and that it was likely the other resident's orders may not be in their files as they had not been filing all the orders as received. The licensee's Medication Orders policy dated July 21, 2022, indicated the licensee will administer medications as prescribed by the authorized prescriber and in accordance with all the rights defined in the Assisted living Bill of rights and in the Health Insurance Portability and Accountability Act. The policy also indicated when a written or electronic prescription is received, it must be communicated to the registered nurse in charge and recorded or placed into the resident's clinical record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to discard expired medication for one of two residents (R3). In	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36677	A. BUILDING: _____ B. WING _____	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW HOME HEALTH CARE	15891 GALVESTON AVENUE APPLE VALLEY, MN 55124

(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
01890	Continued From page 27 addition, the licensee failed to ensure time-sensitive medications were labeled with the date opened for one of one resident (R1) with time-sensitive medications. 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 R1 was admitted to the licensee and began receiving assisted living services on December 1, 2022. R1's Service Plan (Waiver) - Addendum to Contract dated September 1, 2023, indicated R1 received medication administration services. On November 20, 2024, at 8:10 a.m., the surveyor observed unlicensed personnel (ULP)-B administer oral medications to R1. On November 20, 2024, at 8:15 a.m., the surveyor observed in R1's medication box and noted two opened Ozempic injection pens unlabeled with the open date. When the surveyor asked ULP-B about the unlabeled pens, ULP-B stated the evening staff were responsible to administer. Ozempic manufacture instructions dated November 2024, indicated store your pen in use for 56 days at room temperature between 59ºF to	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36677	A. BUILDING: _____ B. WING _____	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW HOME HEALTH CARE	15891 GALVESTON AVENUE APPLE VALLEY, MN 55124

(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
01890	Continued From page 28 86ºF (15ºC to 30ºC) or in a refrigerator between 36°F to 46°F (2°C to 8°C). The instructions also indicated the Ozempic pen you are using should be disposed of (thrown away) after 56 days, even if it still has Ozempic left in it. R3 R3's undated Resident Profile - Services indicated R3 received medication administration. On November 20, 2024, at 8:20 p.m., the surveyor observed in R3's medication box and observed the following unlabeled/expired medications: - naloxone HCL nasal spray 4 milligrams (mg) expired in June 2024; - hydrocortisone cream fast itch rash relief - unlabeled; and - triamcinolone acetonide cream USP 0.1% - unlabeled. On November 20, 2024, at 3:00 p.m., clinical nurse supervisor (CNS)-A stated the licensee nurses were responsible to check and remove any expired medications. CNS-A also stated when the insulin pens are opened, the ULP who opened it should label with the opened-on date. CNS-A further stated they had not audited their medication boxes lately as they had been busy with other duties. The licensee's Storage/Control of Medications policy dated July 21, 2022, indicated the licensed nurse is responsible for dating time-sensitive medications when opened. The policy also indicated the licensee's nurse checks medication expiration dates and notes medications needing to be reordered.	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36677	A. BUILDING: _____ B. WING _____	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW HOME HEALTH CARE	15891 GALVESTON AVENUE APPLE VALLEY, MN 55124

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01890	Continued From page 29 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164
651-201-4500

Type: Full
Date: *11/19/24*
Time: 14:53:35
Report: 7963241150

Food and Beverage Establishment Inspection Report

Location:
Lakeview Home Health Care
15891 Galveston Avenue
Apple Valley, MN55124
Dakota County, 19

Establishment Info:
ID #: 0038998
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 7632976188
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, SHELL EGGS STORED ABOVE READY TO EAT FOODS IN REFRIGERATOR. CORRECTED ON SITE.

Comply By: 11/19/24

5-200C Plumbing: Maintenance, fixture location

5-205.11AB ***** Priority 2 *****

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

DISHES FOUND IN HAND WASHING SINK AT TIME OF INSPECTION. KEEP THIS SINK CLEAR AND USE ONLY FOR HAND WASHING. CORRECTED ON SITE.

Comply By: 11/19/24

4-200 Equipment Design and Construction

4-201.11GMN

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

FRIED RICE FOUND IN REFRIGERATOR WAS FROM THE PREVIOUS DAY. DISCONTINUE COOLING AND SAVING LEFTOVERS. PRODUCT DISCARDED AT TIME OF INSPECTION.

Comply By: 11/19/24

Food and Beverage Establishment Inspection Report

Surface and Equipment Sanitizers

Hot Water: = at 160 Degrees Fahrenheit
Location: DISHWASHER RINSE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: FRIED RICE
Temperature: 40 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: MILK
Temperature: 38 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: CHICKEN ALFREDO
Temperature: 172 Degrees Fahrenheit - Location: HOT HOLDING
Violation Issued: No

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

MET WITH LESLIE HUNA (ESTABLISHMENT REPRESENTATIVE AND BENARD NYANGENA (MDH-HRD). DISCUSSED THE FOLLOWING-

-EMPLOYEE ILLNESS POLICY AND LOG
-REPORTABLE DISEASES
-CURRENT OUTBREAK EXAMPLES
-DEFINITION OF SAME DAY SERVICE
-HAND WASHING REQUIREMENTS

THIS IS A RESIDENTIAL HOME WITH RESIDENTIAL KITCHEN FACILITIES.

A DISHWASHER IS USED FOR SANITIZING DISHES AND UTENSILS.

KITCHEN CONSISTS OF WOOD CABINETS, LAMINATE COUNTERTOPS, PAINTED CEILING AND LAMINATE FLOORING.

Type: Full
Date: *11/19/24*
Time: 14:53:35
Report: 7963241150
Lakeview Home Health Care

Food and Beverage Establishment Inspection Report

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 7963241150 of 11/19/24.

Certified Food Protection Manager: Bikila Rabu

Certification Number: FM 121156 Expires: 02/07/27

Inspection report reviewed with person in charge and emailed.

Signed: _____
Leslie Huna

Signed: Peggy Spadafore
Peggy Spadafore
Sanitarian Supervisor
metro
651-201-4500
peggy.spadafore@state.mn.us

Report #: 7963241150

Food Establishment Inspection Report

Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164

No. of RF/PHI Categories Out	2
No. of Repeat RF/PHI Categories Out	0
Legal Authority MN Rules Chapter 4626	

Date 11/19/24
Time In 14:53:35
Time Out

Lakeview Home Health Care	Address: 15891 Galveston Avenue	City/State: Apple Valley, MN	Zip Code: 55124	Telephone: 7632976188
License/Permit #: 0038998	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 Hygenic 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 pprocedure 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 proceedures 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

			COS	R
Safe Food and Water				
30	(IN) OUT N/A	Pasteurized eggs used where required		
31		Water & ice obtained from an approved source		
32	IN OUT (N/A)	Variance obtained for specialized processing methods		
Food Temperature Control				
33		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		Thermometers provided & accurate		
Food Identification				
37		Food properly labled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food prep, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

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

Food Recalls:

Person in Charge (Signature) **Date:** 11/20/24

Inspector (Signature) Peggy Spudy