DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 15, 2022

Administrator
Heart To Home Incorporated
595 Mendota Road
Mendota Heights, MN 55118

RE: Project Number(s) SL31990015

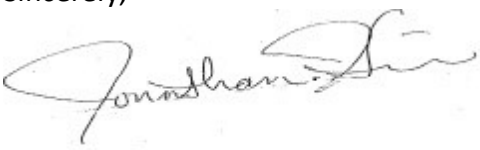
Dear Administrator:

The Minnesota Department of Health completed an evaluation on October 25, 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 no 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 no violations. The Department of Health documents the state licensing correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

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,



Jonathan Hill, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-3993 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31990	A. BUILDING: _____ B. WING _____	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO HOME INCORPORATED	595 MENDOTA ROAD MENDOTA HEIGHTS, MN 55118

(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: SL31990015 On October 24, 2022, through October 25, 2022, the Minnesota Department of Health conducted a survey at the above provider, and no correction orders were issued. At the time of the survey, there were six residents, all of whom received services under the provider's Assisted Living license.	0 000		

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *10/25/22*
Time: 11:00:00
Report: 1005221193

Food and Beverage Establishment Inspection Report

Location:
Heart To Home Incorporated
595 Mendota Road
Mendota Heights, MN55118
Dakota County, 19

Establishment Info:
ID #: 0037706
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6519949191
ID #:

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

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: Cold Hold/CREAM
Temperature: 38 Degrees Fahrenheit - Location: WHIRLPOOL REFRIGERATOR
Violation Issued: No

Process/Item: Cold Hold/MILK
Temperature: 35 Degrees Fahrenheit - Location: WHIRLPOOL REFRIGERATOR
Violation Issued: No

Process/Item: Cold Hold/CUT MELON
Temperature: 37 Degrees Fahrenheit - Location: WHIRLPOOL REFRIGERATOR
Violation Issued: No

Process/Item: Cold Hold/LETTUCE
Temperature: 39 Degrees Fahrenheit - Location: FRIGIDAIRE REFRIGERATOR
Violation Issued: No

Process/Item: Cold Hold/BUTTER
Temperature: 37 Degrees Fahrenheit - Location: FRIGIDAIRE REFRIGERATOR
Violation Issued: No

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

INSPECTION COMPLETED WITH STAFF AND OWNER / OPERATOR AND REVIEWED WITH NURSE EVALUATOR JOLENE BERTELSEN.

FACILITY USES TEMPERATURE STRIPS TO VERIFY THAT THEIR DISHWASHER IS SANITIZING. THE MOST RECENT STRIP FROM THIS MONTH SHOWED THE DISHWASHER PROVIDED A UTENSIL SURFACE TEMPERATURE OF 180+ DEGREES F. THE MINIMUM REQUIRED

TEMPERATURE IS 160 DEGREES F, SO 160dF TEMPERATURE STRIPS OR A MAX / MIN THERMOMETER SHOULD BE PROVIDED.

DISCUSSED EMPLOYEE ILLNESS, BARE HAND CONTACT, COOKING TEMPERATURES, AND CROSS CONTAMINATION.

THIS IS A RESIDENTIAL FACILITY THAT PREPARES MEALS FOR SAME DAY SERVICE. ALL FLOOR, WALL, AND CEILING FINISHES ARE COMPLIANT WITH CODE.

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 1005221193 of 10/25/22.

Certified Food Protection Manager: JOSHUA W. CESARO-MOXLEY

Certification Number: FM74507 Expires: 08/12/23

Inspection report reviewed with person in charge and emailed.

Signed: _____

JOSH CESARO-MOXLEY
OWNER

Signed: Jessica Davis

Jessica Davis
Public Health Sanitarian III
651-201-3961
jessica.davis@state.mn.us