



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 29, 2023

Licensee
Country Manor Apartments
520 1st Street Northeast
Sartell, MN 56377

RE: Project Number(s) SL30448015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on March 8, 2023, 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.

LICENSING ORDERS

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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this evaluation of your facility.**

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.

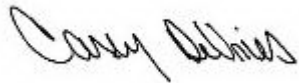
Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for 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

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,



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: 30448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/08/2023
NAME OF PROVIDER OR SUPPLIER COUNTRY MANOR APARTMENTS		STREET ADDRESS, CITY, STATE, ZIP CODE 520 1ST STREET NE SARTELL, MN 56377		
(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 *****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: SL30488015-0 On March 6, 2023, through March 8, 2023, 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 24 active residents, all of whom were receiving services under the 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 144G.31 subd. 1, 2, and 3.	
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and	0 810		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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

Minnesota Department of Health

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0 810	Continued From page 2 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). The findings include: A record review and interview were conducted on March 7, 2023, at approximately 1:00 p.m. with the licensed assisted living director (LALD)-B and the director of environmental service (DES)-L on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation indicated that the fire safety and evacuation plan did not include 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. The facility plan did include some provisions for the relocation of residents but did not specify how to move or evacuate residents or identify the unique and unusual needs of the residents. During interview, LALD-B and DES-L verified that the fire safety and evacuation plan for the facility lacked these provisions. Record review of the available documentation indicated that the licensee did not conduct drills twice per year per shift and every other month as required by statute. During interview, LALD-B and	0 810		

Minnesota Department of Health

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0 810	Continued From page 3 DES-L verified this deficient condition. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		



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

Type: Full
Date: 03/06/23
Time: 12:27:13
Report: 7989231057

Food and Beverage Establishment Inspection Report

Page 1

Location:

Country Manor Apartments
520 1st Street Ne
Sartell, MN56377
Benton County, 05

Establishment Info:

ID #: 0038914
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3202538450
ID #:

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

No NEW orders were issued during this inspection.

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

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 7989231057 of 03/06/23.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Signed: _____

Establishment Representative

Signed: Tyffani Maresh

Tyffani Maresh
Public Health Sanitarian
St Cloud
320-223-7361
Tyffani.Maresh@state.mn.us

Report #: 7989231057

Food Establishment Inspection Report



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

No. of RF/PHI Categories Out

0

Date 03/06/23

No. of Repeat RF/PHI Categories Out

0

Time In 12:27:13

Legal Authority MN Rules Chapter 4626

Time Out

Country Manor Apartments

Address

520 1st Street Ne

City/State

Sartell, MN

Zip Code

56377

Telephone

3202538450

License/Permit #
0038914

Permit Holder

Purpose of Inspection
Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

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

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

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

GOOD RETAIL PRACTICES

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

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

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

COS= corrected on-site during inspection

R= repeat violation

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

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

Food Recalls:

Person in Charge (Signature)

Date: 03/06/23

Inspector (Signature)