



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

August 11, 2022

Administrator  
Hometown Senior Living-Belmont  
1265 Belmont Drive  
Woodbury, MN 55125

RE: Project Number(s) SL30652015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on June 28, 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, the following fines are assessed pursuant to this evaluation:

**St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program = \$500**

**The total amount you are assessed is \$500.00.** You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

#### **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:

Free from Maltreatment reconsideration requests should be addressed to:

Hometown Senior Living-Belmont

August 11, 2022

Page 3

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

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85 East Seventh Place  
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**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. Requests for hearing may be emailed to

**Health.HRD.Appeals@state.mn.us.**

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.

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,



Paul Spencer, Supervisor  
State Rapid Response Team  
Health Regulation Division  
85 East Seventh Place, Suite 220  
P.O. Box 64970  
St. Paul, MN 55164-0970  
Telephone: 651-201-4222 Fax: 651-281-9796

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOMETOWN SENIOR LIVING-BELMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1265 BELMONT DRIVE WOODBURY, MN 55125</b>
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0 000	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL30652015</p> <p>On, June 27, 2022, through June 28, 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 six (6) residents, all of whom received services under the provider's Assisted Living license.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
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	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(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:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, and interview, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated June 28, 2022, for the specific Minnesota Food Code deficiencies.</p>	0 480		

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0 510	Continued From page 2	0 510		
0 510 SS=F	<p>144G.41 Subd. 3 Infection control program</p> <p>(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.</p> <p>(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.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control related to COVID-19.</p> <p>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 all four residents).</p> <p>Findings include:</p> <p>Centers for Disease Control (CDC) and Prevention's Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes &amp; Long-Term Care</p>	0 510		

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0 510	<p>Continued From page 3</p> <p>Facilities, updated February 2, 2022, recommends having a plan for visitation. The CDC recommends posting signs at entrances reminding of the importance of remaining up to date with all recommended COVID-19 vaccine doses and visitors should not visit if they have a positive viral test for SARS-CoV-2, symptoms of COVID-19 or close contact with someone with SARS-CoV-2 infection.</p> <p>The licensee failed to ensure visitors entering the licensee were screened for COVID-19 with any screening questions.</p> <p>The licensee lacked signs at the entrance indicating visitors needed to wear masks or needed COVID-19 screening to enter the building.</p> <p>On June 27, 2022, 9:40 a.m., a Minnesota Department of Health (MDH) surveyor entered the facility and was not screened for COVID-19 with any screening questions. The MDH surveyor was advised to sign into a visitor logbook.</p> <p>During an interview on June 28, 2022, at 3:00 p.m., executive director of operations (ED)-A acknowledged they were not currently screening visitors for COVID-19. The ED-A stated they used a visitor sign in book to keep track of visitors that entered the facility.</p> <p>The licensee does not have any policies specific to COVID-19 because they follow CDC guidelines.</p> <p>Time Period to Correct: Seven (7) Days</p>	0 510		

Minnesota Department of Health

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0 550  0 550 SS=F	<p>Continued From page 4</p> <p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview the licensee failed to post contact information for the state and applicable regional Office of Ombudsman for Long-Term Care (OOLTC) and the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD), or any information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC). This had the potential to affect all residents, staff and visitors.</p> <p>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).</p> <p>Findings include:</p>	0 550  0 550		

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0 550	<p>Continued From page 5</p> <p>During tour of the facility on June 27, 2022, a 10:15 a.m., MDH surveyor observed that the common area did not have the required posting for contact information for the state Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. In addition, the licensee did not have posted any information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC).</p> <p>During an exit interview on June 28, 2022, at 3:00 p.m., with the executive director of operations (ED)-A and the house manager (HM)-B stated the posting with contact info for OOLTC and MAARC had recently fallen down, and someone posted it in the medication room.</p> <p>The licensee lacked policies to include the new Assisted Living Licensure effective August 1, 2021.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21)</p>	0 550		
0 580 SS=F	<p>144G.42 Subd. 2 Quality management</p> <p>The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for</p>	0 580		

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0 580	<p>Continued From page 6</p> <p>two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in and maintain documentation on quality management activities appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all residents.</p> <p>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).</p> <p>Findings include:</p> <p>During an interview on June 28, 2022, at 3:15 p.m., executive director of operations (ED)-F verified the document titled 2014 Provider Quality Improvement Tool with a start date of June 30, 2015, was the most recent quality management project.</p> <p>The licensee's Quality Management Project, dated August 1, 2021, indicated the licensee will have at least one documented quality management project in place at all times, and retain records of such projects for at least two years. Also, the policy indicated at least one performance improvement project needs to be in process at all times.</p>	0 580		

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0 580	Continued From page 7  TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 580		
0 640 SS=F	<p>144G.42 Subd. 7 Posting information for reporting suspected c</p> <p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>(2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and</p> <p>(3) providing reasonable accommodations with information and notices in plain language.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to post the 911 emergency number in common areas and near telephones. This had the potential to affect all residents, staff, and visitors.</p> <p>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).</p> <p>Findings include:</p>	0 640		

Minnesota Department of Health

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0 640	<p>Continued From page 8</p> <p>During a tour of the facility on June 27, 2022, at 10:15 a.m., MDH surveyor observed there were no required postings of the 911 emergency number in common areas and near telephones.</p> <p>During an interview on June 28, 2022, at 3:15 p.m., executive director of operations (ED)-A stated they had not currently posted signs with 911 next to the telephones but plan to in the near future.</p> <p>The licensee's Vulnerable Adult Maltreatment-Prevention &amp; Reporting policy, dated August 1, 2021, indicated the facility will support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by posting the 911 emergency number in common areas and near telephone provided by the assisted living facility.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 640		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(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</p>	0 680		

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0 680	<p>Continued From page 9</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop an emergency preparedness plan (EPP) with all the required components included in Appendix Z. This had the potential to affect all residents, staff, and visitors.</p> <p>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).</p> <p>Findings include:</p> <p>During an interview on June 27, 2022, at 2:45 p.m., executive director of operations (ED)-A acknowledged they did not have all the required components of Appendix Z.</p>	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOMETOWN SENIOR LIVING-BELMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1265 BELMONT DRIVE WOODBURY, MN 55125</b>
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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
0 680	<p>Continued From page 10</p> <p>The licensee's Fire and Emergency Evacuation Plan lacked the following required content:</p> <ul style="list-style-type: none"> <li>-establish the Emergency Program (EP)</li> <li>-develop and maintain EP</li> <li>-maintain and annual EP updates</li> <li>-EP patient population</li> <li>-process for EP collaboration</li> <li>-development of EP policies and procedures</li> <li>-subsistence needs for residents and staff</li> <li>-procedure for tracking residents and staff</li> <li>-policies and procedures including evacuation</li> <li>-policies and procedures for sheltering</li> <li>-policies and procedures for medical documents</li> <li>-policy and procedures for volunteers</li> <li>-arrangement with other facilities</li> <li>-roles under a waiver declared by Secretary</li> <li>-development of communication plan</li> <li>-names and contact information</li> <li>-emergency officials contact information</li> <li>-primary/alternate means of communication</li> <li>-methods for sharing information</li> <li>-sharing information on occupancy/needs</li> <li>-family notifications</li> <li>-EP prep training and testing</li> <li>-EP prep training program</li> <li>-EP prep testing requirements</li> </ul> <p>The licensee's Disaster Planning and Emergency Preparedness policy, dated August 1, 2021, indicated the licensee will have in place a emergency preparedness plan that is in alignment with facility's requirement to comply with CMS Appendix Z. Also, the licensee's Emergency Preparedness Plan- Appendix Z Compliance policy, dated August 1, 2021, indicated it is the intent that Hometown Senior Living has in place an effective and compliant Emergency Preparedness Plan.</p>	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/28/2022</b>
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0 680	Continued From page 11  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment  (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:  (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;  This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms in some of the resident's bedrooms. In addition, the facility failed to provide smoke alarms that were interconnected in some resident's bedrooms and in a basement bedroom. This had the potential to	0 780		

Minnesota Department of Health

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0 780	<p>Continued From page 12</p> <p>directly affect all residents, staff, and visitors.</p> <p>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 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 residents).</p> <p>The findings include:</p> <p>On June 28, between 10:05 a.m. and 11:15 a.m., survey staff toured the facility with Executive Director (ED). During the facility tour, survey staff observed that the smoke alarms in all of the resident's bedrooms and throughout the facility including the basement were not interconnected.</p> <p>ED verbally confirmed survey staff observations during the facility tour.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 780		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> <li>(1) location and number of resident sleeping rooms;</li> <li>(2) employee actions to be taken in the event of</li> </ul>	0 810		

Minnesota Department of Health

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0 810	<p>Continued From page 13</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide the required fire safety training and evacuation plans for residents and staff. This has the potential to directly affect all residents, staff, and visitors.</p> <p>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</p>	0 810		

Minnesota Department of Health

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0 810	<p>Continued From page 14</p> <p>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 residents).</p> <p>The findings include:</p> <p>On June 28, 2022, from approximately 10:20 a.m. to 11:15 a.m., survey staff toured the facility with Executive Director (ED). During the facility tour, survey staff observed the facility fire safety and evacuation plan documentation was requested and was noted to lack the following.</p> <ol style="list-style-type: none"> <li>1. Documentation of required employee evacuation drills did not show drills being done every other month.</li> <li>2. The schedule and required records on training of employees on fire safety and evacuation.</li> <li>3. The schedule and required records on training of residents who can assist their own evacuation on proper actions to take in the event of a fire for their safety including movement, evacuation, and relocation.</li> </ol> <p>On June 28, 2022, at approximately 10:45 a.m. was not able to provide the information listed above as requested.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
01370 SS=F	<p>144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn</p> <p>(a) Training and competency evaluations for all</p>	01370		

Minnesota Department of Health

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01370	<p>Continued From page 15</p> <p>unlicensed personnel must include the following:</p> <ul style="list-style-type: none"> <li>(1) documentation requirements for all services provided;</li> <li>(2) reports of changes in the resident's condition to the supervisor designated by the facility;</li> <li>(3) basic infection control, including blood-borne pathogens;</li> <li>(4) maintenance of a clean and safe environment;</li> <li>(5) appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> <li>(i) hair care and bathing;</li> <li>(ii) care of teeth, gums, and oral prosthetic devices;</li> <li>(iii) care and use of hearing aids; and</li> <li>(iv) dressing and assisting with toileting;</li> </ul> </li> <li>(6) training on the prevention of falls;</li> <li>(7) standby assistance techniques and how to perform them;</li> <li>(8) medication, exercise, and treatment reminders;</li> <li>(9) basic nutrition, meal preparation, food safety, and assistance with eating;</li> <li>(10) preparation of modified diets as ordered by a licensed health professional;</li> <li>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</li> <li>(12) awareness of confidentiality and privacy;</li> <li>(13) understanding appropriate boundaries between staff and residents and the resident's family;</li> <li>(14) procedures to use in handling various emergency situations; and</li> <li>(15) awareness of commonly used health technology equipment and assistive devices.</li> </ul> <p>This MN Requirement is not met as evidenced by:</p>	01370		

Minnesota Department of Health

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01370	<p>Continued From page 16</p> <p>Based on observation, interview and record review, the licensee failed to ensure training and competency was completed for two of two employees, unlicensed personnel (ULP)-B and ULP-C to include all required content with records reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B was hired on April 10, 2018 and began providing assisted living services on August 1, 2021.</p> <p>ULP-B's employee file lacked documentation of training and competency evaluations for the following topics:</p> <ul style="list-style-type: none"> <li>-documentation requirements for all services provided;</li> <li>-reports of changes in the resident's condition to the supervisor designated by the facility;</li> <li>-maintenance of a clean and safe environment;</li> <li>-standby assistance techniques and how to perform them;</li> <li>-medication, exercise, and treatment reminders;</li> <li>-basic nutrition, meal preparation, food safety, and assistance with eating;</li> <li>-preparation of modified diets as ordered by a licensed health professional;</li> <li>-communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural</li> </ul>	01370		

Minnesota Department of Health

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01370	<p>Continued From page 17</p> <p>background, and family; -awareness of confidentiality and privacy; -awareness of commonly used health technology equipment and assistive devices.</p> <p>ULP-C was hired on January 21, 2022 and began providing assisted living services on August 1, 2021.</p> <p>ULP-C's employee file lacked documentation of training and competency evaluations for the following topics: -documentation requirements for all services provided; -reports of changes in the resident's condition to the supervisor designated by the facility; -maintenance of a clean and safe environment; -standby assistance techniques and how to perform them; -medication, exercise, and treatment reminders; -preparation of modified diets as ordered by a licensed health professional; -communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; -awareness of confidentiality and privacy; -awareness of commonly used health technology equipment and assistive devices.</p> <p>During an interview on June 28, 2022, at 3:15 p.m., executive director of operations (ED)-A confirmed ULP-B and ULP-C's file lacked documentation of training and competency on the required topics listed above.</p> <p>The licensee's Competency Training Evaluations policy dated August 1, 2021, indicated when a registered nurse or licensed health professional staff of Hometown Senior Living delegates tasks,</p>	01370		

Minnesota Department of Health

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01370	Continued From page 18  prior to the delegation of services they must make certain the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to competently follow the procedures and perform the tasks.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs  (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.  This MN Requirement is not met as evidenced by:	01440		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/28/2022</b>
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01440	<p>Continued From page 19</p> <p>Based on observation, interview, and record review, the licensee failed to ensure direct supervision of staff performing delegated tasks was provided within 30 calendar days after the date on which the individual begins working for the licensee for one of two unlicensed personnel (ULP)-C with records reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>ULP-C was hired on January 21, 2022, to provide direct care services to residents at the assisted living. ULP-C's employee record lacked documentation of a registered nurse (RN) supervising ULP-C performing delegated tasks within 30 days of beginning work with the licensee.</p> <p>During an interview on June 28, 2022, at 3:15 p.m., executive director of operations (ED)-A stated the licensee previously hired a licensed practical nurse (LPN) to assist in training with the ULP staff. The ED-A stated the LPN was "let go of" and perhaps some of the training records were misplaced.</p> <p>The licensee's Supervision of Staff - Delegated Services policy, dated August 1, 2021, indicated direct supervision of staff performing delegated tasks must be provided within 30 calendar days</p>	01440		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/28/2022</b>
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01440	Continued From page 20  after the date on which the individual begins working for Hometown Senior Living and first performs the delegated tasks for residents. Also, the policy indicated documentation of supervision activities would be retained in the employee's record.  No further information was provided.  TIME PERIOD FOR CORRECTION: twenty-one (21) days	01440		
01460 SS=F	144G.63 Subdivision 1 Orientation of staff and supervisors  All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted living licensing requirements and regulations was provided for two of two employees, unlicensed personnel (ULP)-B and ULP-C, with records reviewed. This had the potential to affect all residents receiving assisted living services.  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	01460		

Minnesota Department of Health

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01460	<p>Continued From page 21</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B was hired on April 2, 2018, under a comprehensive home care license. ULP-B began providing assisted living services on August 1, 2021. ULP-B's employee training records lacked evidence of successful completion of assisted living orientation in accordance with 144G statutes.</p> <p>ULP-C was hired January 21, 2022, and began providing assisted living services to licensee's residents on August 1, 2021. ULP-C's employee training records lacked evidence of successful completion of assisted living orientation in accordance with 144G statutes.</p> <p>During an interview on June 28, 2022, at 3:30 p.m., executive director of operations (ED)-A acknowledged ULP-B's orientation checklist was specific to home care regulatory requirements.</p> <p>The licensee's Orientation of Staff and Supervisor &amp; Content policy, dated August 1, 2021, indicated all staff of Hometown Senior Living providing and supervising direct services must complete an orientation to Assisted Living facility licensing requirement and regulations before providing assisted living services to residents.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	01460		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOMETOWN SENIOR LIVING-BELMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1265 BELMONT DRIVE WOODBURY, MN 55125</b>
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01470	Continued From page 22	01470		
01470 SS=F	<p>144G.63 Subd. 2 Content of required orientation</p> <p>(a) The orientation must contain the following topics:</p> <ol style="list-style-type: none"> <li>(1) an overview of this chapter;</li> <li>(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;</li> <li>(3) handling of emergencies and use of emergency services;</li> <li>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</li> <li>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li> <li>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</li> <li>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</li> <li>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</li> <li>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</li> </ol> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any</p>	01470		

Minnesota Department of Health

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01470	<p>Continued From page 23</p> <p>training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted living facility statutes included all the required content for two of two employees, unlicensed personnel (ULP)-B and ULP-C with records reviewed.</p> <p>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).</p> <p>The findings include:</p>	01470		

Minnesota Department of Health

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01470	<p>Continued From page 24</p> <p>ULP-B was hired April 2, 2018, under the comprehensive home care license. As of August 1, 2021, the facility began operation under the assisted living licensure under 144G statutes. ULP-B began providing assisted living services to licensee's residents on August 1, 2021. ULP-B 's employee training records lacked evidence of successful completion of assisted living orientation in accordance with 144G statutes.</p> <p>ULP-C was hired January 21, 2022. As of August 1, 2021, the facility began operation under the assisted living licensure under 144G statutes. ULP-B began providing assisted living services to licensee's residents on August 1, 2021. ULP-B's employee training records lacked evidence of successful completion of assisted living orientation in accordance with 144G statutes.</p> <p>ULP-B's employee training records lacked evidence of successful completion of assisted living orientation in accordance with 144G statutes, including the following content:                      -an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;                      -handling of emergencies and use of emergency services;                      -compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);                      -the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;                      -the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;                      -handling of residents' complaints, reporting of</p>	01470		

Minnesota Department of Health

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01470	<p>Continued From page 25</p> <p>complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>-consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>-a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>ULP-C's employee training records lacked evidence of successful completion of assisted living orientation in accordance with 144G statutes, including the following content:</p> <p>-an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;</p> <p>-compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <p>-handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>-consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>-a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p>	01470		

Minnesota Department of Health

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01470	<p>Continued From page 26</p> <p>The licensee's Orientation of Staff and Supervisors &amp; Content policy, dated August 1, 2021, indicated all Hometown Senior Living employees must complete the orientation to assisted living facility requirement before providing assisted living service to residents and the orientation must contain the following topics:</p> <ul style="list-style-type: none"> <li>-An overview of the appropriate Assisted Living statutes and rules</li> <li>-An introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person</li> <li>-Handling of emergencies and use of emergency services</li> <li>-Compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC)</li> <li>-The assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights</li> <li>-Principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person</li> <li>-Handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints</li> <li>-Consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services</li> <li>-A review of the types of assisted living services the employee will be providing and the facility's category of licensure</li> </ul>	01470		

Minnesota Department of Health

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01470	Continued From page 27  -The staff person's job description upon hire and whenever there is a change to the job description that changes the nature of the job or how the job is to be performed -The facility's organization chart and the roles of staff within the facility, and the services offered by the facility as identified in the uniform checklist disclosure of services -The identification of incidents of maltreatment as defined under Minnesota Statutes, section 626.5572, subdivision 15, including abuse, financial exploitation, and neglect, and an explanation that any act that constitutes maltreatment is prohibited  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01480 SS=F	144G.63 Subd. 3 Orientation to resident  Staff providing assisted living services must be oriented specifically to each individual resident and the services to be provided. This orientation may be provided in person, orally, in writing, or electronically.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff providing assisted living services were oriented specifically to each individual resident and the services to be provided for one of two employees, unlicensed personnel (ULP)-C with records reviewed.  This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to	01480		

Minnesota Department of Health

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01480	<p>Continued From page 28</p> <p>cause serious injury, impairment, or death), and was issued at a isolated 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).</p> <p>The findings include:</p> <p>ULP-C had a hire date of January 21, 2022. ULP-C's record lacked evidence of orientation to each specific resident and the services to be provided.</p> <p>During an interview on June 28, 2022, at 3:15 p.m., executive director of operations (ED)-A stated the licensee previously employed a licensed practical nurse (LPN) to assist in training with the ULP staff. . The ED-A stated the LPN was "let go of" and maybe some training records were misplaced.</p> <p>The licensee's Orientation of Staff and Supervisors &amp; Content policy, dated August 1, 2021, indicated staff providing assisted living services must be oriented specifically to each individual resident and the services to be provided. This orientation may be provided in person, orally, in writing, or electronically.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01480		
01500 SS=F	<p>144G.63 Subd. 5 Required annual training</p> <p>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another</p>	01500		

Minnesota Department of Health

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01500	<p>Continued From page 29</p> <p>source and must include topics relevant to the provision of assisted living services. The annual training must include:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss</p>	01500		

Minnesota Department of Health

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01500	<p>Continued From page 30</p> <p>and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment for one of two employees, unlicensed personnel (ULP)-B with employee records reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B had a hire date of April 2, 2018, and ULP-B's employee records lacked evidence of eight hours of annual training.</p> <p>ULP-B's employee training records lacked evidence ULP-B had successfully completed</p>	01500		

Minnesota Department of Health

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01500	<p>Continued From page 31</p> <p>annual training as required in the following areas:                      -training on reporting of maltreatment of vulnerable adults under section 626.557;                      -review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;                      -review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;                      -effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;                      -review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and                      -the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>During interview on June 28, 2022, at 3:30 p.m., executive director of operations (ED)-A confirmed ULP-B lacked annual training.</p> <p>The licensee's Annual Required Staff Training policy dated August 1, 2021, indicated all staff that perform direct care services at Hometown Senior Living will complete at least eight (8) hours of annual training for each 12 months of employment.</p>	01500		

Minnesota Department of Health

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01500	Continued From page 32  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will  (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled;	01790		

Minnesota Department of Health

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01790	<p>Continued From page 33</p> <p>(iii) written information about the medications to be provided;</p> <p>(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;</p> <p>(v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative;</p> <p>(vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and</p> <p>(vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed training and competencies for providing medications to residents for unplanned time away from home when the licensed nurse was not available for two of two employees, unlicensed personnel (ULP)-B and ULP-C with record reviewed.</p> <p>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</p>	01790		

Minnesota Department of Health

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01790	<p>Continued From page 34</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B had a hire date of April 2, 2018, ULP-B's record lacked documentation of training and competencies for unplanned time away when the RN is not available.</p> <p>ULP-C had a hire date of January 21, 2022. ULP-C's record lacked documentation of training and competencies for unplanned time away when the RN is not available.</p> <p>During an interview on June 28, 2022, at 3:30 p.m., executive director of operations (ED)-A acknowledged that ULP-B and ULP-C's employees records lacked documentation of training and competencies for unplanned time away.</p> <p>The licensee's Medication Management- Planned &amp; Unplanned Time Away policy, dated August 1, 2021, indicated for unplanned resident time away when a pharmacist or licensed nurse is not available, the RN may delegate this task to unlicensed personnel if the RN has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01790		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors	03090		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOMETOWN SENIOR LIVING-BELMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1265 BELMONT DRIVE WOODBURY, MN 55125</b>
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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
03090	<p>Continued From page 35</p> <p>Subd. 8. Notice to visitors. (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities."</p> <p>(b) The facility is responsible for installing and maintaining the signage required in this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure a required notice was posted at the main entry way of the licensee's facility to display statutory language to disclose electronic monitoring activity. This had the potential to affect all residents, staff, and visitors to the facility.</p> <p>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).</p> <p>The findings include:</p> <p>On June 27, 2022, 9:40 a.m., the Minnesota Department of Health (MDH) surveyor entered the facility and observed no electronic monitoring notice posted at the entrance to the licensee's facility.</p> <p>During an exit conference and interview on June 28, 2022, at 3:15 p.m., executive director of</p>	03090		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOMETOWN SENIOR LIVING-BELMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1265 BELMONT DRIVE WOODBURY, MN 55125</b>
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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
03090	<p>Continued From page 36</p> <p>operations (ED)-A acknowledged the licensee failed to post the required electronic monitoring notice but stated the required notice would be posted as soon as possible.</p> <p>The licensee's policy Electronic Monitoring dated August 1, 2021, indicated that signs are installed at each facility entrance accessible to visitors that state: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons or activities."</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	03090		



Type: Full
Date: 06/28/22
Time: 12:59:05
Report: 7963221059

Food and Beverage Establishment
Inspection Report

Location:

Hometown Senior Living-Belmont
1265 Belmont Drive
Woodbury, MN55125
Washington County, 82

Establishment Info:

ID #: 0038877
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6517147075
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.

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment. NO CERTIFIED FOOD MANAGER. FACT SHEET AND APPLICATION SENT TO PERSON IN CHARGE.

Comply By: 06/28/22

Food and Equipment Temperatures

Process/Item: MILK

Temperature: 37 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Table with 5 columns: Total Orders, In This Report, Priority 1, Priority 2, Priority 3. Values: 0, 0, 1

MET WITH CASSIE KINDE. DISCUSSED THE FOLLOWING-

- EMPLOYEE ILLNESS POLICY AND LOG
-REPORTABLE DISEASES
-COOKING TEMPERATURES
-PROPER SANITIZING OF UTENSILS AND DISHWARE
-RESTRICTIONS CONCERNING SERVING A SUSCEPTIBLE POPULATION

INSPECTION CONDUCTED IN THE PRESENCE OF HRD NURSE SURVEYOR STACIA HANSEN. FINDINGS SHARED AT END OF INSPECTION. WILL MAIL ASSORTED FACT SHEETS AND TEST FOR DETERMINING RINSE TEMPERATURE IN DISH MACHINE TO ESTABLISHMENT. KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE. FLOOR IS CERAMIC TILE, CABINETS ARE WOOD WITH HOLLOW BASE, COUNTERTOP IS

Type: Full  
Date: 06/28/22  
Time: 12:59:05  
Report: 7963221059

# Food and Beverage Establishment Inspection Report

Hometown Senior Living-Belmont

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SOLID SURFACE AND CEILINGS ARE SMOOTH PAINT. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

DISHWASHER IS RESIDENTIAL BUT HAS SANITIZING CYCLE OPTION.

**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 7963221059 of 06/28/22.

Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_

Establishment Representative

Signed: \_\_\_\_\_

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

Report #: 7963221059

# Food Establishment Inspection Report



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

<b>No. of RF/PHI Categories Out</b>	1	<b>Date</b>	06/28/22
<b>No. of Repeat RF/PHI Categories Out</b>	0	<b>Time In</b>	12:59:05
<b>Legal Authority MN Rules Chapter 4626</b>		<b>Time Out</b>	

Hometown Senior Living-Belmont	<b>Address</b> 1265 Belmont Drive	<b>City/State</b> Woodbury, MN	<b>Zip Code</b> 55125	<b>Telephone</b> 6517147075
<b>License/Permit #</b> 0038877	<b>Permit Holder</b>	<b>Purpose of Inspection</b> Full	<b>Est Type</b>	<b>Risk Category</b>

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

	Compliance Status	Description	COS	R
<b>Time/Temperature Control for Safety</b>				
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooking time & temperature		
19	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding		
20	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperature		
21	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures		
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper cold holding temperatures		
23	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition		
24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Time as a public health control: procedures & records		
<b>Consumer Advisory</b>				
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>				
26	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered		
<b>Food and Color Additives and Toxic Substances</b>				
27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Food additives: approved & properly used		
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>				
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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	Description	COS	R
<b>Safe Food and Water</b>				
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized eggs used where required		
31	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Water & ice obtained from an approved source		
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>				
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling methods used; adequate equipment for temperature control		
34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Plant food properly cooked for hot holding		
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Approved thawing methods used		
36	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Thermometers provided & accurate		
<b>Food Identification</b>				
37	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>				
38	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Insects, rodents, & animals not present		
39	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Contamination prevented during food prep, storage & display		
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Personal cleanliness		
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Wiping cloths: properly used & stored		
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Washing fruits & vegetables		

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

**Food Recalls:**

**Person in Charge (Signature)**

**Date:** 06/28/22

Inspector (Signature)