Electronically Delivered

November 17, 2023

Licensee
TR Homes
11409 Swallow Street Northwest
Coon Rapids, MN  55433

RE:  Project Number(s) SL36875015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a suvey on October 25, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

The correction order documentation should include the following:

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

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

A state correction 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
HRD 3A, 3rd Floor
P.O. Box 64900
625 Robert Street North
St. Paul, MN 55164

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

If you have any questions, please contact me.

Sincerely,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

PMB

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36875 | A. BUILDING: _____ B. WING _____ | 10/25/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| TR HOMES | 11409 SWALLOW STREET NW COON RAPIDS, MN 55433 |

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| 0 000 | Initial Comments<br><br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br>SL36875015<br><br>On October 23, 2023, through October 25, 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 four active residents; all receiving services under the Assisted Living license. | 0 000 | Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| 0 460 SS=F | 144G.41 Subdivision 1 Minimum requirements<br><br>(5) provide a means for residents to request assistance for health and safety needs 24 hours | 0 460 | | |

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| 0 460 | Continued From page 1<br><br>per day, seven days per week;<br>(6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract;<br>(7) permit residents access to food at any time;<br>(8) allow residents to choose the resident's visitors and times of visits;<br>(9) allow the resident the right to choose a roommate if sharing a unit;<br>(10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to provide a means for residents to request assistance for health and safety needs 24 hours a day, seven days a week. This had the potential to affect all residents.<br><br>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 the residents).<br><br>The findings include:<br><br>On October 23, 2023, at 10:15 a.m., licensed | 0 460 | | |

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| 0 460 | Continued From page 2<br><br>assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they do not have a system in place for residents to summon staff 24/7. LALD/CNS-A stated they are working on it and plan on ordering a call pendant system this week. Right now, staff round every two hours in addition to the care the residents receive.<br><br>The licensee's undated Criteria for Admission policy indicated [the licensee] would provide a means for assisted living residents to request assistance for health and safety needs 24 hours per day, seven days per week from the establishment or a person or entity that has an arrangement with the licensee.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 460 | | |
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br>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 | 0 480 | | |

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| 0 480 | Continued From page 3<br><br>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).<br>The findings include:<br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 23, 2023, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 0 790 SS=F | 144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment<br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br><br>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to maintain the portable fire extinguishers.This deficient condition had the potential to affect all staff, residents, and visitors. | 0 790 | | |

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| 0 790 | Continued From page 4<br><br>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).<br><br>Findings include:<br><br>On October 23, 2023, survey staff toured the facility with the licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A. During the facility tour, survey staff observed that monthly fire extinguisher inspections were not being completed. Fire extinguisher inspections must be conducted every month to ensure that each extinguisher is in its designated place, that it has not been tampered with, and that there is no obvious physical damage or condition that would interfere with its use or operation. These monthly inspections need to be recorded.<br><br>This deficient condition was verified by the LALD/CNS-A during an interview with survey staff on October 24, 2023, at approximately 3:00 p.m.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 790 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms; | 0 810 | | |

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| 0 810 | Continued From page 5<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(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.<br>(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.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(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.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on record review and interview, the licensee failed to develop fire safety and evacuation plans with the required elements; failed to provide employee and resident training on fire safety and evacuation; and failed to meet the required frequency for employee evacuation drills. This had the potential to affect all staff, residents, and visitors. | 0 810 | | |

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| 0 810 | Continued From page 6<br><br>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).<br><br>The findings include:<br><br>On October 24, 2023, the licensee provided fire safety and evacuation documentation. Survey staff reviewed the records and observed the following:<br><br>1. Record review of the available documentation indicated that the plans did not include complete employee actions on how to move or evacuate residents in the event of a fire or similar emergency from this facility location.<br>2. Record review of the available documentation indicated that records were not available to support that employee training on the facility fire safety and evacuation plans had been completed. The licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A explained during an interview on October 24, 2023, at approximately 3:00 p.m., that employees were trained upon hire and during staff meetings.<br>3. Record review of the available documentation indicated that records were not available to support that fire safety and evacuation training had been completed with residents. The licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A explained during an interview on October 24, 2023, at approximately 3:00 p.m., that residents were trained but this had not been documented.<br>4. Record review of the available documentation | 0 810 | | |

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| 0 810 | Continued From page 7<br><br>indicated that two employee evacuation drills had been completed in October 2023. No additional evacuation drill records were provided. The evacuation drill frequency was not met.<br><br>These deficient conditions were verified by LALD/CNS-A during an interview with survey staff on October 24, 2023, at approximately 3:00 p.m.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 810 | | |
| 01060 SS=F | 144G.52 Subd. 9 Emergency relocation<br><br>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.<br>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:<br>(1) the reason for the relocation;<br>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;<br>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;<br>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and<br>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact | 01060 | | |

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| 01060 | Continued From page 8<br><br>information for the agency to which the resident may submit an appeal.<br>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:<br>(1) the resident, legal representative, and designated representative;<br>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and<br>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.<br>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (R1).<br><br>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).<br><br>The findings include:<br><br>R1's record indicated the following hospitalization:<br>- R1 admitted to the hospital September 5, 2023, | 01060 | | |

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| 01060 | Continued From page 9<br>and returned September 26, 2023.<br><br>R1's record lacked a written notice including:<br>- the name and contact information for the location to which the resident has been relocated and any new service provider<br>- contact information for the Office of Ombudsman for Long-Term Care<br>- if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and<br>- a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.<br><br>R1's record also lacked notification to the Office of Ombudsman for Long-Term Care that the resident had been relocated and had not returned to the facility within four days.<br><br>On October 24, 2023, at 2:15 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they did not give a written notice for emergency relocation or notify the Ombudsman. LALD/CNS-A further stated she was not aware of the requirement and had not been sending the emergency relocation notification for any residents.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01060 | | |

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| 01620 | Continued From page 10 | 01620 | | |
| 01620 SS=F | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.<br>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.<br>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed assessments and failed to use the uniform assessment tool for one of one resident (R1).<br><br>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 | 01620 | | |

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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 |
|---|---|---|---|---|
| 01620 | Continued From page 11<br><br>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).<br><br>The findings include:<br><br>R1 was admitted and began receiving services on November 1, 2022.<br><br>R1's record included two 90-day assessments dated February 1, 2023, and May 1, 2023, both completed and signed by licensed practical nurse (LPN)-B. Additionally, R1's 90-day assessments did not include all the required elements on the uniform assessment tool.<br><br>On October 24, 2023, at 2:15 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated LPN-B had been completing the 90-assessments for the residents and thought it was okay for the LPN to do that. LALD/CNS-A further stated she was not aware the uniform assessment tool was to be used for all 90-day assessments and had not been using it for any resident assessments.<br><br>The Minnesota Administrative Rule 4659.0150 dated August 11, 2021, indicated each licensee must develop a uniform assessment tool to included all the required elements.<br><br>The licensee's undated Nursing Assessment and Reassessment of Residents policy indicated a comprehensive assessment is conducted by a registered nurse pre-admission, completed within 14 days after start of services, with change in condition and at least every 90 days. The assessment included but is not limited to the requirements outlined in MN Rules. | 01620 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36875 | A. BUILDING: _____ B. WING _____ | 10/25/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TR HOMES | 11409 SWALLOW STREET NW COON RAPIDS, MN 55433 |

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|---|---|---|---|---|
| 01620 | Continued From page 12<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 01620 | | |
| 01820 SS=D | 144G.71 Subd. 13 Prescriptions<br><br>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to maintain current medication orders for one of one resident (R1).<br><br>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).<br><br>The findings include:<br><br>R1's service plan dated July 6, 2023, indicated R1 received medication administration and management services.<br><br>On October 24, 2023, at 10:40 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1. | 01820 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36875 | A. BUILDING: _____ B. WING _____ | 10/25/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| TR HOMES | 11409 SWALLOW STREET NW COON RAPIDS, MN 55433 |

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|---|---|---|---|---|
| 01820 | Continued From page 13<br><br>R1's current medication administration record dated October 2023, included the following scheduled medications:<br><br>-alfuzosin HCL ER 10 milligrams (mg) take one tablet every night at bedtime<br>-Depakote ER 500 mg take 2 tablets every evening<br>-divalproex SOD ER 500 mg once daily<br>-duloxetine HCL DR 60 mg take 2 capsules once daily<br>-lacosamide/Vimpat tablet take one tablet twice a day<br>-melatonin 5 mg take two at bedtime<br>-montelukast SOD 10 mg daily<br>-multivitamin one tablet daily<br>-pantoprazole SOD DR 40 mg daily<br>-pregabalin 150 mg one capsule three times a day<br>-quetiapine fumarate 100 mg take 3.5 tablets at bedtime<br>-urea/carmol/carbamide 2 application twice a day<br>-Xarelto 20 mg take 1 tablet daily<br><br>R1's record included a signed doctor order dated November 10, 2022, for melatonin 5 mg take 10 mg every evening. The orders for the remaining medications were from an unsigned after visit summary dated October 5, 2023.<br><br>On October 24, 2023, at 3:30 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she had called several times for a doctor signature but has not heard back from the doctor yet.<br><br>The licensee's undated Medication Prescriptions and Refills policy indicated the registered nurse (RN) was responsible for assuring that current, | 01820 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36875 | A. BUILDING: _____ B. WING _____ | 10/25/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| 01820 | Continued From page 14<br><br>authorized prescriber prescriptions for medication, including over-the-counter medications and dietary supplements, were addressed in the resident's care plan, service plan, and Medication Administration Record, and care communicated to all appropriate staff. When new medication prescriptions were sent directly to the pharmacy by the prescriber or resident, the RN or licensed practical nurse (LPN) would request a copy of the prescription from the prescriber or from the pharmacy. When medication prescriptions were initialed by another health care provider, the RN or LPN would request a copy of the prescription signed by a prescriber. Upon receiving verbal orders, the RN or LPN would record and sign the verbal order and forward the order to the prescriber for a signature. The RN or LPN would continue to follow up with the prescriber's office or the pharmacy until a signed prescription/verbal order was received and would document all efforts to obtain a signature.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01820 | | |

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

Type: Full
Date: *10/23/23*
Time: 11:00:00
Report: 1013231257

# Food and Beverage Establishment Inspection Report



**Location:**
Tr Homes
11409 Swallow Street Nw
Coon Rapids, MN55433
Anoka County, 02

**Establishment Info:**
ID #: 0038681
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 7632081028
ID #:

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

The following orders were issued during this inspection.

**3-300B Protection from Contamination: cross-contamination, eggs**

***3-302.11A(1)*** ***** Priority 1 *****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

RAW SHELL EGGS WERE STORED DIRECTLY ABOVE READY-TO-EAT DELI MEAT IN THE GARAGE AREA REFRIGERATOR. COMPLY WITH ABOVE RULE. DISCUSSED FOOD STORAGE AND RAW SHELL EGGS WERE MOVED BELOW AND AWAY FROM READY-TO-EAT FOOD.

*Corrected on Site*

**4-300 Equipment Numbers and Capacities**

***4-302.13B*** ***** Priority 2 *****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

FACILITY HAS A RESIDENTIAL DISH MACHINE THAT SANITIZES WITH HOT WATER. NO TEST KIT MEETING THE ABOVE REQUIREMENT WAS AVAILABLE. COMPLY WITH ABOVE RULE. DISCUSSED TESTING THE DISH MACHINE AND TEST KIT REQUIREMENT.

*Comply By: 11/02/23*

**4-200 Equipment Design and Construction**

***4-201.11GMN***

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

READY-TO-EAT CASSEROLE WAS STORED IN THE KITCHEN REFRIGERATOR. PER STAFF THE FOOD WAS LEFTOVER FROM THE DAY PRIOR. THE KITCHEN HAS RESIDENTIAL EQUIPMENT. COMPLY WITH ABOVE RULE. THE FOOD WAS DISCARDED AND ONLY SAME DAY SERVICE FOOD WILL BE SERVED.

*Corrected on Site*

**4-600 Cleaning Equipment and Utensils**

***4-601.11C***

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

FOOD DEBRIS AND DUST WERE ON THE SHELVES IN THE BOTTOM KITCHEN CABINET. COMPLY WITH ABOVE RULE. DISCUSSED CLEANING PROCEDURES AND STAFF CLEANED THE AREA.

*Corrected on Site*

**Surface and Equipment Sanitizers**

Hot Water: = at 160 Degrees Fahrenheit
Location: Dish machine
Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: Hot dogs
Temperature: 41 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

Process/Item: Ham
Temperature: 38 Degrees Fahrenheit - Location: Refrigerator - garage
Violation Issued: No

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

The inspection was completed with the operator and reviewed with MDH Nurse Evaluator W. Robarge.

The establishment has a residential kitchen and serves food that is prepared that day. The kitchen has wood cabinets, laminate floor, painted walls, solid laminate counter top, and a painted ceiling.

A two basin sink is located in the kitchen. One sink basin is designated for hand washing.

A residential dish machine is located in the kitchen. Hot water sanitizing dish machine test strips were provided to test the dish machine.

Staff member Jameelah Nance had a current food manager's course certificate. The MN CFPM application was submitted 2 days prior.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, biohazard clean up, and food handling procedures.

Type: Full
Date: *10/23/23*
Time: 11:00:00
Report: 1013231257
Tr Homes

# Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1013231257 of 10/23/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

**Inspection report reviewed with person in charge and emailed.**

Signed:_____
Tiffany Johnson
Operator

Signed:_____
Jerry Malloy
Sanitarian Supervisor
FPLS Metro
651-201-3998
jerry.malloy@state.mn.us