Electronically Delivered

April 7, 2023

Licensee
Vista Prairie At Copperleaf
1550 1st Street North
Willmar, MN 56201

RE: Project Number(s) SL26121015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on March 2, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

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

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

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

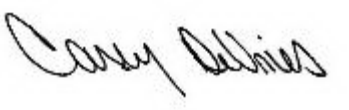
Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-281-9796

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL26121015-0 On February 27, 2023, through March 2, 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 82 active residents receiving services under the Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
0 480	Continued From page 1 following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report, dated February 27, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
0 510	Continued From page 2 assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to establish and maintain an infection control program that complied with accepted health care, medical and nursing standards for infection control and ensure one of four unlicensed personnel ((ULP)-D) observed during provision of cares for hand hygiene. 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). The findings include: On February 28, 2023, at 8:38 a.m., the evaluator observed ULP-D enter R4's room and don a pair of disposable gloves without performing hand hygiene (wash or sanitize hands). ULP-D removed R4's wet adult brief, provide peri (perineal) care and applied a new adult brief. With the same gloved hands, ULP-D assisted R4 to put on clean pants, socks, and shoes. Again, with the same gloved hands, ULP-D went into R4's bathroom and changed gloves without performing hand hygiene. While ULP-D assisted with a two-person gait belt transfer assist from the R4's bed to Broda chair (specialized wheelchair). ULP-D grabbed the soiled clothes and placed into	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
0 510	Continued From page 3 a bag. ULP-D grabbed the dirty laundry bag and garbage and left R4's room with same gloved hands. ULP-E walked through the common area, touched two door handles and disposed of dirty clothes and garbage in the appropriate receptacle. On February 28, 2023, at 9:02 a.m., the evaluator questioned ULP-D about when hand washing should be completed. ULP-D stated she was trained by the nurse to wash hands before and after using gloves and between providing cares for residents. ULP-D confirmed she did not change gloves after providing peri care to R4 and provide hand hygiene between gloving while the evaluator was present. On March 1, 2023, at 10:34 a.m., the evaluator asked clinical nurse supervisor (CNS)-B when hands should be washed, or hand sanitizer used. CNS-B responded, "when visibly soiled or between gloves." CNS-B stated ULP-D should have sanitized her hands after removal of gloves and applying new gloves. The licensee's Hand Hygiene policy dated August 1, 2021, indicated hands should be washed or decontaminated after removing gloves or gowns. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 650	Continued From page 4 contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records included all required content for two of five employees (unlicensed personnel (ULP)-D and ULP-F). 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).	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 650	Continued From page 5 The findings include: ULP-D ULP-D was hired July 21, 2021, under the licensee's former comprehensive license and began providing assisted living services on August 1, 2021. On February 28, 2023, at 8:38 a.m., the evaluator observed ULP-D assist R4 with morning activities of daily living. ULP-F ULP-F was hired November 4, 2019, under the licensee's former comprehensive license and began providing assisted living services on August 1, 2021. On February 28, 2023, at 7:04 a.m., the evaluator observed ULP-F administer medications to R1. ULP-D and ULP-F's employee records lacked annual performance reviews. On March 2, 2023, at 11:02 a.m., licensed assisted living director (LALD)-A acknowledged and said ULP-D and ULP-F's employee record lacked the above content. LALD-A stated the performance reviews for ULP-D and ULP-F were not in the employees' files because they were housed in a previous payroll-provider's file system and were inaccessible. The licensee's 4.05 Employee Records policy revised August 2021, indicated employee records for each person will include documentation of annual performance reviews that identify areas of improvement needed and training needs. No further information was provided.	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 650	Continued From page 6 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the license failed to maintain a tuberculosis (TB) infection control program based on guidelines by the Center for Disease Control (CDC) and Minnesota Department of Health and ensure TB health screenings were completed for one of five employees (unlicensed personnel (ULP)-E). 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	0 660		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
0 660	Continued From page 7 was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: The licensee's facility TB risk assessment, dated July 22, 2022, indicated low risk. ULP-E was hired December 17, 2014, under the licensee's former comprehensive license and began providing assisted living services on August 1, 2021. On February 27, 2023, at 3:37 p.m., the evaluator observed ULP-E set up and administer medications to R7. ULP-E's employee records lacked evidence of having received either a two-step tuberculin skin test or other evidence, such as a blood test, to screen for the presence of active TB. On March 2, 2023, at 11:04 a.m., licensed assisted living director (LALD)-A acknowledged ULP-E's employee record lacked evidence of the TB test and stated when their company switched employee records systems, only one-side of employee TB records were scanned. LALD-A said unfortunately ULP-E's complete TB record was not scanned and they had no record of the employee's TB screen. The licensee's 8.16 Tuberculosis Screening policy, dated October 2022, indicated the licensee will establish and maintain a comprehensive infection control program to the most current tuberculosis infection control guidelines issued by the Centers for Disease Control and Prevention	0 660		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
0 660	Continued From page 8 (CDC). The policy indicated staff will be screened and tested for TB prior to the staff being exposed to clients and will have an IGRA (interferon-gamma release assays) blood test or a two-step Mantoux conducted with resulted documented on the Baseline TB screening Tool for HCW's (healthcare workers). The policy also indicated staff TB screening results will be kept in each employee medical file. The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines, indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA(serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
0 800	Continued From page 9 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This deficient condition had the ability to affect a limited number of residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On February 28, 2023, from approximately 10:35 a.m. to 12:45 p.m., survey staff toured the facility with Licensed Assisted Living Director (LALD)-A and Maintenance Manager (MM)-C. During the facility tour, survey staff observed the following maintenance issues: Ceiling light covers falling off in several of the resident bedrooms and living spaces. Baseboard heater covers falling off in the dining area and activity room in the memory care. Outlet cover broke in resident room #100-on the bedroom wall. Missing the fire safety release magnet on the kitchen fire door that goes into the memory care unit.	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
0 800	Continued From page 10 LALD-A and MM-C verbally confirmed all survey staff observations during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
01500 SS=D	144G.63 Subd. 5 Required annual training (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 source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (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; (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; (5) review of the facility's policies and procedures relating to the provision of assisted living services	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
01500	Continued From page 11 and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (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: (1) an explanation of age-related hearing loss 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of three employees' (unlicensed personnel (ULP)-D) annual training covered all required content areas. 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	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
01500	Continued From page 12 was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-D was hired July 21, 2021, under the licensee's former comprehensive license and began providing assisted living services on August 1, 2021. On February 28, 2023, at 8:38 a.m., the evaluator observed ULP-D assist R4 with morning activities of daily living. ULP-D's employee training records lacked evidence ULP-D had successfully completed annual training in the following areas: - review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights and - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. On March 2, 2023, at 11:08 a.m., licensed assisted living director (LALD)-A stated ULP-D had not completed all required content of for the employee's annual training. LALD-A stated she was aware of the topic areas needed for annual employee education and said unfortunately, this employee did not complete it. The licensee's 5.06 Annual Required Staff Training policy dated August 2021, indicated all staff that perform direct care services at Vista Prairie Management, LLC, will complete at least eight (8) hours of annual training for each 12 months of employment. Training would include	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
01500	Continued From page 13 the assisted living bill of rights and principles of person-centered planning and service delivery. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing an original prescription or were labeled for two of five residents (R1, R5) observed during medication administration. 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). The findings include: R1	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 14 R1's diagnoses included unspecified sequelae of cerebral vascular accident (stroke), hypertension, diabetes, dementia, chronic obstructive pulmonary disease (COPD), osteoporosis, and neuropathy R1's service plan and medication management plan, dated February 24, 2023, and January 30, 2023, respectively, indicated R1 received medication management services. On February 28, 2023, at 7:04 a.m., the evaluator observed unlicensed personnel (ULP)-F prepare medications for R1, which included Spiriva (a non-steroid drug to relax muscles and increase airflow used to control symptoms of COPD), an inhaled medication. When ULP-F completed medication checks prior to administration and compared the prescription label with the medication administration record (MAR) on her iPad tablet, the evaluator observed R1's Spiriva medication had no pharmacy label on the package; however, the original drug box included the medication's dose strength. The Spiriva was in the compartment in the medication cart with other medications for R1. ULP-F removed a dose of the Spiriva, inserted it into its dispenser, then ULP-F observed R1 inhale this medication and rinse her mouth with water. On February 28, 2023, at 7:07 a.m., the evaluator asked ULP-F about the missing pharmacy label for R1's Spiriva. ULP-F stated it probably fell off and said she got the directions for the medication from the MAR. ULP-F stated "it seems like it's been a problem with this" [the label coming off] and said she did not know if it was because the box was rubbing on the drawer when you open and close the cart, or it the label got taken off to reorder it. ULP-F noted there were only a couple	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 15 more days left of R1's Spiriva medication. R1's prescriber orders dated January 12, 2023, included Spiriva (Ipratropium bromide) 18 mcg (microgram) powder, and directed to inhale one cap by mouth daily, encourage resident to rinse mouth after inhalation for COPD. On March 1, 2023, at 10:40 a.m., registered nurse (RN)-J stated the label on R1's inhaler medication probably was removed to reorder the medication. RN-J stated medications "absolutely should have" a label. RN-J thought the entire label probably came off when they pulled it for re-order and said there should remain the part that has all the required information on the box, like the resident's name, strength, dose, pharmacy, and doctor. R5 R5's diagnoses included dementia and hypertension. R5's service plan dated December 12, 2022, indicated R5 received medication management services. On February 28, 2023, at 9:05 a.m., the evaluator observed ULP-K obtain R5's One a Day Women's Petites vitamin from a locked medication cart. As ULP-K sanitized hands with alcohol rub, the evaluator examined the label on the medication and noted the label did not include a medication label or name on the bottle, however, included an open date of December 21, 2022. ULP-K verified the label on the medication did not include a prescription label or resident name and said it was an over-the-counter vitamin. R5's prescriber orders dated December 16, 2022,	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 16 included an order for One a Day Women's Petites 1 tablet by mouth daily. R5's medication administration record (MAR) dated February 2023, included the same order for One a Day Women's Petites 1 tablet by mouth daily. On March 1, 2023, 10:34 a.m., clinical nurse supervisor (CNS)-B stated over the counter medication, the vitamin, should have at least the resident's name and room number on it. On March 2, 2023, 11:11 a.m., licensed assisted living director (LALD)-A stated all medications should have a prescription label or the resident name on it. The licensee's Storage of Medications policy dated July 21, 2021, indicated until the medication is set up for immediate or later administration by a nurse, a legend drug must be kept in its original container bearing the original prescription label with legible information stating the prescription number, name of drug, strength, and quantity of drug, expiration date of time-dated drug, direction for use, resident's name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
02320	Continued From page 17 (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide and document appropriate care and services, for one of one resident (R4). 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). The findings include: On February 28, 2023, at approximately 8:38 a.m., the evaluator observed ULP-D assist R4 with morning activities of daily living (ADLs). ULP-D asked her co-worker about the assigned cares, and the evaluator asked to see where the provision of cares was documented. ULP-D showed evaluator the electronic medical record (EMR), with listed morning ADLs, among others, charted as completed before the provision of the care. On February 28, 2023, at approximately 8:45 a.m., the evaluator asked ULP-D if charting cares	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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
02320	Continued From page 18 before them completing is how she was trained. ULP-D admitted that she charted morning cares prior to completing cares that morning and reported to not being trained that way. The cares documented as completed on EMR: 6:00 a.m. toileting plan; charted at 6:05 a.m., wellness check AM, transfer assist, AM, morning ADL's AM, and bedmaking charted all charted at 6:14 a.m., AM pendant check charted at 8:10 a.m., wellness check 8:10 a.m., 8:00 a.m. wellness check, and 8:00 a.m. toileting plan, both charted at 8:11 a.m. On March 1, 2023, at 10:34 a.m., the evaluator spoke with clinical nurse supervisor (CNS)-B and asked when a task should be charted. CNS-B stated the ULPs were trained to chart "as you go" for just in time charting, but not before a task was done. The licensee's Documentation of Medication, Treatment and Therapy Management Services policy dated July 21, 2021, indicated staff will document each task immediately after that task has been performed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

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

Type: Full
Date: *02/27/23*
Time: 11:05:12
Report: 7930231043

Food and Beverage Establishment Inspection Report

Location:
Vista Prairie At Copperleaf
1550 1st Street North
Willmar, MN56201
Kandiyohi County, 34

Establishment Info:
ID #: 0039281
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3202225000
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.

3-500E Microbial Control: time as a control

3-501.19A ** Priority 2 **

MN Rule 4626.0408A Develop written procedures prior to using time as a public health control for time/temperature control for safety food and maintain the procedures in the food establishment.

AT TIME OF INSPECTION THE DICED WATERMELON (43 DEG F) WAS STORED ON ICE ON THE SERVING LINE. PROVIDE TPHC FOR ALL POTENTIALLY HAZARDOUS FOODS SITTING OUT AT ROOM TEMP; OTHERWISE PROVIDE A MECHANICAL COLD HOLDING UNIT. TPHC SHEETS EMAILED WITH REPORT.

Comply By: 03/06/23

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.

AT TIME OF INSPECTION THERE WAS A THERMOMETER FOR THE DISHWASHER BUT THE BATTERY WAS DEAD. REPLACE THE BATTERY IN THE DISHWASHER THERMOMETER OR PROVIDE A NEW WATERPROOF THERMOMETER OR THERMO-LABELS TO MONITOR THE RINSE CYCLE IN THE DISHWASHER.

Comply By: 03/06/23

3-300C Protection from Contamination: equipment/utensils, consumers

3-305.11A

MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

1) SUGAR AND FLOUR BINS AND FLATS OF POP WERE STORED ON THE FLOOR IN THE DRY

STORAGE ROOM.
2) BOXES OF FOOD WERE STORED ON THE FLOOR IN THE WALK-IN FREEZER. STORE ALL ITEMS UP OFF OF THE FLOOR.

Comply By: 02/28/23

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

REPLACE THE DAMAGED DOOR GASKETS ON THE SMALL TWO DOOR UPRIGHT COOLER NEAR THE PREP SINK.

Comply By: 05/27/23

4-900 Protecting Clean Items

4-903.11A

MN Rule 4626.0955A Store all clean equipment, utensils, linens, single-service and single-use articles in a clean dry location where not exposed to splash, dust, or other contamination and at least six inches above the floor.

BOXES OF SINGLE-SERVICE NAPKINS AND CUPS WERE STORED ON THE FLOOR IN THE DRY STORAGE ROOM. STORE ALL ITEMS UP OFF OF THE FLOOR.

Comply By: 02/28/23

4-900 Protecting Clean Items

4-903.11B

MN Rule 4626.0955B Store all clean equipment and utensils in a self-draining position that permits air drying, and covered or inverted.

ALL SINGLE SERVICE SPOONS NEAR THE WARMING UNIT AND ALL LARGE UTENSILS (I.E, LADLES, SERVING SPOONS, ETC STORED IN CONTAINERS) NEED TO BE STORED WITH THE HANDLES POINTING UP. AT TIME OF INSPECTION THE EATING SURFACES WERE POINTING UP.

Comply By: 02/28/23

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

THE HANDWASHING SINK CLOSEST TO THE PREP SINK DID NOT HAVE A SIGN AT IT. PROVIDE A HANDWASHING SIGN OR POSTER LIKE STATED ABOVE.

Comply By: 03/01/23

Surface and Equipment Sanitizers

Hot Water: = at 169.9 Degrees Fahrenheit
Location: DISHWASHER FINAL RINSE CYCLE
Violation Issued: No

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: SANITIZER BUCKET--SERVING AREA
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Steam Table
Temperature: 149 Degrees Fahrenheit - Location: MEATLOAF--SERVING AREA
Violation Issued: No

Process/Item: Steam Table
Temperature: 156 Degrees Fahrenheit - Location: MASHED POTATOES--SERVING AREA
Violation Issued: No

Process/Item: Steam Table
Temperature: 177 Degrees Fahrenheit - Location: BEETS--SERVING AREA
Violation Issued: No

Process/Item: Hot Holding
Temperature: 153 Degrees Fahrenheit - Location: MEATLOAF--HOT HOLDING UNIT IN KITCHEN
Violation Issued: No

Process/Item: Hot Holding
Temperature: 150 Degrees Fahrenheit - Location: MASHED POTATOES--HOT HOLDING UNIT IN KITCHEN
Violation Issued: No

Process/Item: Hot Holding
Temperature: 152 Degrees Fahrenheit - Location: BEETS--HOT HOLDING UNIT IN KITCHEN
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 38 Degrees Fahrenheit - Location: MILK--SERVING AREA COOLER
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 36 Degrees Fahrenheit - Location: MILK--MEMORY CARE SERVING KITCHEN COOLER

Violation Issued: No

Process/Item: Prep Cooler
Temperature: 40 Degrees Fahrenheit - Location: SLICED TOMATOES--SERVING LINE PREP COOLER

Violation Issued: No

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: MILK--TWO DOOR COOLER NEAR PREP SINK
Violation Issued: No

Process/Item: Hot Holding
Temperature: 164 Degrees Fahrenheit - Location: CREAMY CORN CHOWDER--SOUP WARMER IN SERVING AREA
Violation Issued: No

Type: Full
Date: *02/27/23*
Time: 11:05:12
Report: 7930231043
Vista Prairie At Copperleaf

Food and Beverage Establishment Inspection Report

Process/Item: Walk-In Cooler
Temperature: 37 Degrees Fahrenheit - Location: SLICED HAM
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 34 Degrees Fahrenheit - Location: SLICED TOMATOES
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	2	5

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 7930231043 of 02/27/23.

Certified Food Protection Manager: ERIK T. NAZARENUS

Certification Number: 31485 Expires: 10/06/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: Tina Remmele
Tina Remmele, R.S.
Environmental Health Specialist
St. Cloud District Office
320-223-7302
tina.remmele@state.mn.us