



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 10, 2023

Licensee

Oak Park Senior Living

13936 Lower 59th Street North

Oak Park Heights, MN 55082

RE: Project Number(s) SL28227015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 4, 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 and enforcement actions 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).

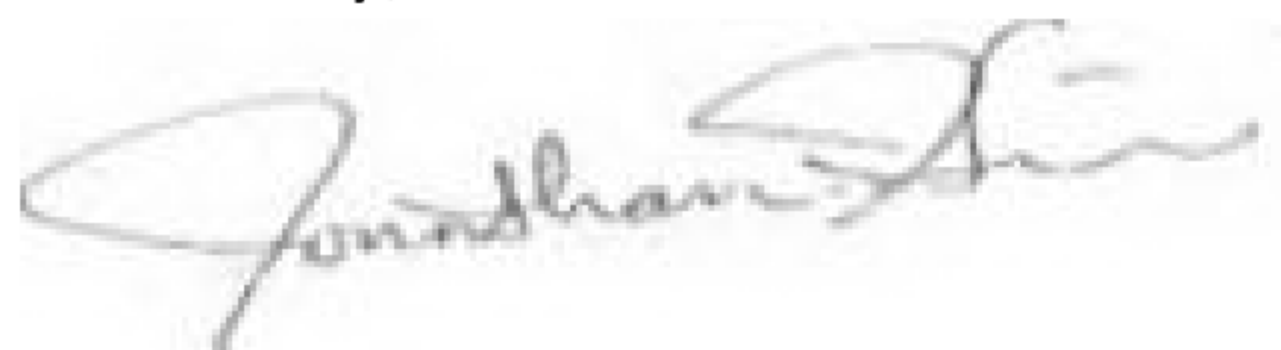
Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
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 the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jonathan Hill, Supervisor

State Evaluation Team

Email: jonathan.hill@state.mn.us

Telephone: 651-201-3993 Fax: 651-281-9796

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2023
NAME OF PROVIDER OR SUPPLIER OAK PARK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 13936 LOWER 59TH STREET NORTH OAK PARK HEIGHTS, MN 55082			
(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: SL28227015-0 On July 31, 2023, through August 4, 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 79 residents, all of whom received services under the provider's Assisted Living with Dementia Care facility 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 with Dementia Care 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 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 following services to residents:	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2023
NAME OF PROVIDER OR SUPPLIER OAK PARK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 13936 LOWER 59TH STREET NORTH OAK PARK HEIGHTS, MN 55082		
(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 (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 August 2, 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	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2023
NAME OF PROVIDER OR SUPPLIER OAK PARK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 13936 LOWER 59TH STREET NORTH OAK PARK HEIGHTS, MN 55082			
(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 Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in 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, interview, and record review, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control. The licensee failed to ensure direct care staff appropriately gloved and performed adequate hand hygiene for one of two staff, unlicensed personnel (ULP)-D. 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 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 June 5, 2023, to provide direct cares for the licensee's residents. On August 1, 2023, at 8:00 a.m., ULP-D was observed to provide cares to R2. ULP-D enter R2's room, make the bed, picked up a tissue from the ground and throw it into a garbage container. ULP-D then removed a medication planner from a locked cabinet, placed Tuesday morning medications into a medication cup, and	0 510			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2023
NAME OF PROVIDER OR SUPPLIER OAK PARK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 13936 LOWER 59TH STREET NORTH OAK PARK HEIGHTS, MN 55082		
(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 delivered the cup to R2. ULP-D donned gloves, applied Voltaren gel 1% (used for arthritis pain) to resident's left knee, and doffed gloves. ULP-D then assisted R2 into the bathroom and onto the toilet. ULP-D donned gloves and assist R2 with putting on underwear, socks, and pants. ULD-D obtained a warm washcloth and handed it to R2 who used the washcloth to wash under her breasts and her armpits. R2 handed the washcloth back to ULP-D who placed it over the faucet. ULP-D removed gloves and gathered dirty laundry, including the used washcloth, and placed them into the laundry basket. ULP-D proceeded to gather R2's garbage and exited the apartment. ULP-D provided all cares and tasks, including glove changes without performing hand hygiene (HH). Finally, ULP-D walked the garbage down the hall and entered the trash room, threw the garbage into a bin, and washed their hands with soap and water. -at 8:30 a.m., ULP-D entered R3's room. Without performing HH, ULP-D was observed to remove a medication planner from the locked cabinet, placed the Tuesday morning medications into a medication cup, and gave the cup to R3. Next, ULP-D assisted R3 into the bathroom to obtain a weight. After R3's weight was obtained, ULP-D exited the bathroom and went to the kitchen sink, turned on the faucet, and rinsed their hand in water. With wet hands, ULP-D took a colander from the drying rack and placed it into the cabinet above the sink. ULP-D proceeded to wash the dishes that were in the sink and place them into the drying rack. ULP-D dried their hands with a kitchen towel and exited R3's room. On August 1, 2023, at 9:00 a.m., ULP-D stated infection control and HH were part of their orientation, and they were aware of the proper	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/04/2023
NAME OF PROVIDER OR SUPPLIER OAK PARK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 13936 LOWER 59TH STREET NORTH OAK PARK HEIGHTS, MN 55082			
(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 4 procedure for HH. On August 2, 2023, at 8:45 a.m., registered nurse (RN)-B stated the expectation would be staff would sanitize hands with hand sanitizer or soap and water whenever entering residents' rooms, between tasks and when providing cares. The CDC guidance titled CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated November 29, 2022, indicated healthcare personnel (HCP) should perform HH immediately before touching a patient, after touching a patient or the patient's immediate environment and immediately after glove removal. The licensee's Hand washing policy, dated August 1, 2021, indicated hand washing would be performed by all employees between tasks, procedures, and after touching garbage. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2023
NAME OF PROVIDER OR SUPPLIER OAK PARK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 13936 LOWER 59TH STREET NORTH OAK PARK HEIGHTS, MN 55082			
(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
01760	Continued From page 5 completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure prescriber orders for blood glucose monitoring were correctly transcribed, for one of five residents (R3). This practice resulted in a level two violation (a violation that did not harm a client'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). R3 admitted on February 1, 2017, with diagnoses to include bipolar disorder and type 2 diabetes. R3's service plan dated November 30, 2022, indicated R3 received services to include medication assistance. On August 1, 2023, at 8:30 a.m., ULP-D was observed to assist R3 with morning medications. A provider's order, as noted on the licensee's Physician Order Sheet (prescriber order), dated 7/13/23, indicated R3 was to receive blood sugar checks twice daily (BID) and as needed. R3's July Service Checkoff List indicated R3 received blood sugar checks once daily at 4:40 p.m. but lacked	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2023
NAME OF PROVIDER OR SUPPLIER OAK PARK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 13936 LOWER 59TH STREET NORTH OAK PARK HEIGHTS, MN 55082			
(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
01760	Continued From page 6 evidence of a second blood sugar reading. On August 2, 2023, at 9:45 a.m., registered nurse (RN)-B stated RN were responsible to transcribe provider orders and she was unsure why the blood sugar check was transcribed wrong. RN-B further stated the medication error would be corrected and reported to the physician. The licensee's Medication Error policy dated August 1, 2021, indicated the facility had a goal of zero medication errors. The licensee's Medication & Treatment Orders-Implementing policy dated August 1, 2021, indicated a licensed nurse would implement new or changed medication or treatment orders within 24 hours of receiving the order. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			

Type: Full
Date: 08/02/23
Time: 10:30:00
Report: 1025231181

Food and Beverage Establishment Inspection Report

Page 1

Location:

Oak Park Senior Living
13936 Lower 59th Street North
Oak Park Heights, MN55082
Washington County, 82

Establishment Info:

ID #: 0039042
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6512758080
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.

3-500B Microbial Control: hot and cold holding

3-501.16A2 **** Priority 1 ****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

Milk (open and unopened) in Memory care neighborhood kitchen at 47 deg F, maintain at 41 deg F or below. Cooler adjusted and to be checked.

Comply By: 08/02/23

3-500C Microbial Control: date marking

3-501.17B **** Priority 2 ****

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

Hard-boiled eggs in Memory Care neighborhood kitchen without a date mark - mark the date of TCS items.

Comply By: 08/02/23

4-200 Equipment Design and Construction

4-201.11AMN

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

Provide coolers in the Memory Care neighborhood kitchens which meet the above rule to maintain TCS items in the coolers.

Comply By: 08/02/23

Type: Full
Date: 08/02/23
Time: 10:30:00
Report: 1025231181
Oak Park Senior Living

Food and Beverage Establishment Inspection Report

Page 2

Surface and Equipment Sanitizers

Quaternary Ammonia: = 300 PPM at Degrees Fahrenheit
Location: Dispenser (pink)
Violation Issued: No

Quaternary Ammonia: = at Degrees Fahrenheit
Location: (yellow product, reported rinse used)
Violation Issued: No

Hot Water: = at 162 Degrees Fahrenheit
Location: 180 R 20 PSI
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Chicken
Temperature: 180 Degrees Fahrenheit - Location: Cook 170-180 F
Violation Issued: No

Process/Item: Chicken
Temperature: 40 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

Process/Item: Soup
Temperature: 38 Degrees Fahrenheit - Location: Walk-in cooler, cooled
Violation Issued: No

Process/Item: Mashed potato
Temperature: 178 Degrees Fahrenheit - Location: Hot holding
Violation Issued: No

Process/Item: Soup
Temperature: 68 Degrees Fahrenheit - Location: reheating for hot holding < 2hr heat and serve, to be moved to stove
Violation Issued: No

Process/Item: Milk
Temperature: 41 Degrees Fahrenheit - Location: Memory Care neighborhood kitchen
Violation Issued: No

Process/Item: Milk
Temperature: 41 Degrees Fahrenheit - Location: Memory Care neighborhood kitchen
Violation Issued: No

Process/Item: Milk
Temperature: 41 Degrees Fahrenheit - Location: Memory Care neighborhood kitchen
Violation Issued: No

Process/Item: Milk
Temperature: 48 Degrees Fahrenheit - Location: Memory Care neighborhood kitchen
Violation Issued: Yes

Type: Full
Date: 08/02/23
Time: 10:30:00
Report: 1025231181
Oak Park Senior Living

Food and Beverage Establishment Inspection Report

Page 3

Process/Item: Ambient

Temperature: 41 Degrees Fahrenheit - Location: Expo cooler

Violation Issued: No

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

Discussed food source, room quarantine service, cooling process, breakfast service, equipment/ice machine and bev machine cleaning, pest control service, food delivery to neighborhood kitchens, equipment. TMD +/- 2 F from inspector TMD, irreversible TMD provided for dish machine.

Provide a means of water conveyance for the steam oven to reduce water pooling on the floor (water is clean but may present a trip hazard).

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

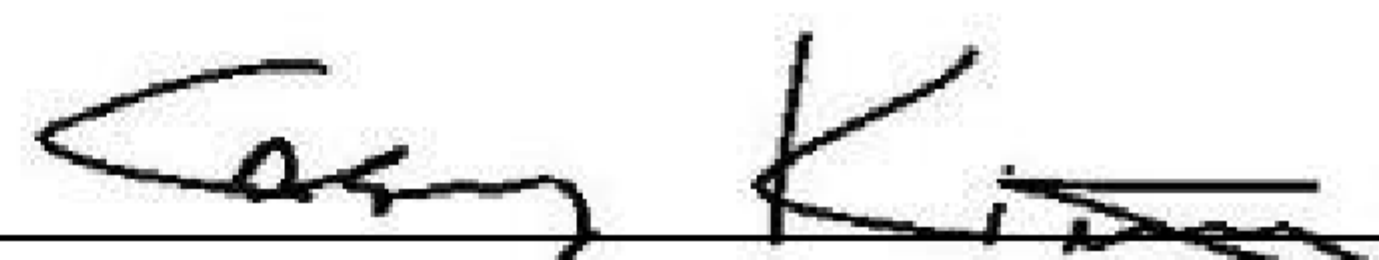
I acknowledge receipt of the Minnesota Department of Health inspection report number 1025231181 of 08/02/23.

Certified Food Protection Manager: Jonathan Dahl

Certification Number: FM115596 Expires: 03/23/23

Inspection report reviewed with person in charge and emailed.

Signed: 
Jon

Signed: 
Casey Kipping
Public Health Sanitarian III
Freeman Building St Paul
651-201-4513
casey.kipping@state.mn.us

Report #: 1025231181

DEPARTMENT OF HEALTH

Minnesota Department of Health

Division of Environmental Health, FPLS

P.O. Box 64975

St. Paul, MN 55164-0975

No. of RF/PHI Categories Out

2

Date

08/02/23

No. of Repeat RF/PHI Categories Out

0

Time In

10:30:00

Legal Authority MN Rules Chapter 4626

Time Out

Oak Park Senior Living

Address

13936 Lower 59th Street North

City/State

Oak Park Heights, MN

Zip Code

55082

Telephone

6512758080

License/Permit #

0039042

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS=corrected on-site during inspection

R= repeat violation

Compliance Status

COS

R

Surpervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

Employee Health

3

IN

OUT

Mgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygenic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or proceeedures 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

COS

R

Safe Food and Water

30

IN

OUT

N/A

Pasteurized eggs used where required

31

Water & ice obtained from an approved source

32

IN

OUT

N/A

Variance obtained for specialized processing methods

Food Temperature Control

33

Proper cooling methods used; adequate equipment for temperature control

34

IN

OUT

N/A

N/O

Plant food properly cooked for hot holding

35

IN

OUT

N/A

N/O

Approved thawing methods used

36

Thermometers provided & accurate

Food Identification

37

Food properly labeled; original container

Prevention of Food Contamination

38

Insects, rodents, & animals not present

39

Contamination prevented during food prep, storage & display

40

Personal cleanliness

41

Wiping cloths: properly used & stored

42

Washing fruits & vegetables

COS

R

Proper Use of Utensils

43

In-use utensils: properly stored

44

Utensils, equipment & linens: properly stored, dried, & handled

45

Single-use/single service articles: properly stored & used

46

Gloves used properly

Utensil Equipment and Vending

47

X

Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48

Warewashing facilities: installed, maintained, & used; test strips

49

Non-food contact surfaces clean

Physical Facilities

50

Hot & cold water available; adequate pressure

51

Plumbing installed; proper backflow devices

52

Sewage & waste water properly disposed

53

Toilet facilities: properly constructed, supplied, & cleaned

54

Garbage & refuse properly disposed; facilities maintained

55

Physical facilities installed, maintained, & clean

56

Adequate ventilation & lighting; designated areas used

57

Compliance with MCIAA

58

Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Date:

08/02/23

Inspector (Signature)