



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 16, 2024

Licensee
Benet Hall
1001 Kenwood Avenue
Duluth, MN 55811

RE: Project Number(s) SL28244015

Dear Licensee:

On September 10, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on June 13, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the June 13, 2024 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on June 13, 2024, found not corrected at the time of the September 10, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0100 - License Required - 144g.10 Subdivision 1

The details of the violations noted at the time of this follow-up survey completed on September 10, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

We urge you to review these orders carefully. If you have questions, please contact Jessie Chenze at 218-332-5175.

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

Sincerely,

A handwritten signature in cursive script that reads "Jessica Chenze".

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/10/2024
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NAME OF PROVIDER OR SUPPLIER BENET HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 KENWOOD AVENUE DULUTH, MN 55811
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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
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{0 000}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL28244015-1</p> <p>On September 3, 2024, through September 10, 2024, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on June 13, 2024. At the time of the survey, there were 13 residents; 13 receiving services under the Assisted Living license. As a result of the follow-up survey, the following orders were reissued.</p>	{0 000}	<p>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 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 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 evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
{0 100} SS=F	<p>144G.10 Subdivision 1 License required</p> <p>(a)(1)Beginning August 1, 2021, no assisted living</p>	{0 100}		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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{0 100}	<p>Continued From page 1</p> <p>facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</p>	{0 100}		

Minnesota Department of Health

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{0 100}	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to obtain accurate licensure when they applied for licensure for the assisted living license for one floor of the four story building, and did not have proper fire barrier between floors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's health facility identification (HFID 28244), a building, was located at 1001 Kenwood Avenue, Duluth, MN 55811, and was attached to other occupancies under the same roof in the same building.</p> <p>On August 3, 2024, at 12:40 p.m., the surveyor initiated a follow-up survey via email and requested documentation of efforts the provider has taken to correct a previous order issued related to the shared floors between the assisted living and other occupancies of the same building.</p> <p>On August 3, 2024, at 2:46 p.m., the surveyor received current resident and employee rosters from clinical nurse supervisor (CNS)-B; however, did not receive additional documentation of the</p>	{0 100}		
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{0 100}	<p>Continued From page 3</p> <p>providers plan of correction.</p> <p>On August 5, 2024, at 12:03 p.m., the surveyor received an email from the providers attorney that read: "I have been assisting the [name of the licensee] working with MDH in response a Statement of Deficiencies dated June 13, 2024 relating to [name of the licensee]. Specifically, my communications with MDH have related to the licensing requirements for [name of the licensee] (or portions thereof) as an assisted living facility. On August 6, 2024, I sent engineering staff at MDH the attached email inquiring what MDH requires for an application to license less than all of [name of licensee] for assisted living services. Later on August 6, 2024, I received the attached email from evaluator supervisor at MDH saying that the information I provided to engineering MDH staff was under review and that no additional information was needed at that time. We had not heard back from MDH until your September 3, 2024 email was received by [name of licensee]. Since we have not heard anything else from MDH, the purpose of your email is not clear. We are happy to provide the requested documents to you, but first can you please let us know the purpose of your request and the evaluation mentioned in your email? Specifically, please confirm whether your evaluation relates to my August 6, 2024 request to engineering staff regarding licensing less than all of [name of licensee] for assisted living services."</p> <p>On August 10, 2024, at 8:57 a.m., the surveyor received information via email from MDH engineering staff indicating as of date, the licensee had not provided MDH building plans to indicate approved firewalls separating shared floors with other occupancies of the same building.</p>	{0 100}		
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{0 480} SS=F	<p>No further information was provided.</p> <p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 480}		
{0 800} SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 800}		
{0 810} SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p>	{0 810}		

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{0 810}	<p>Continued From page 5</p> <p>(1) location and number of resident sleeping rooms;</p> <p>(2) employee actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(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.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 810}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 11, 2024

Licensee
Benet Hall
1001 Kenwood Avenue
Duluth, MN 55811

RE: Project Number(s) SL28244015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 13, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, 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.

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Benet Hall. Please contact Jessie Chenze at 218-332-5175 on or before Thursday, July 18, 2024, to schedule the conference call.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. 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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEphVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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,



Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL28244015</p> <p>On June 11, 2024, through June 13, 2024, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 13 resident receiving services under the provider's provisional Assisted Living license.</p>	0 000	<p>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 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 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 evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 100 SS=F	<p>144G.10 Subdivision 1 License required</p> <p>(a)(1)Beginning August 1, 2021, no assisted living</p>	0 100		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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0 100	<p>Continued From page 1</p> <p>facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</p>	0 100		

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0 100	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to obtain accurate licensure when they applied for licensure for the assisted living license despite sharing one roof with an adjoining building, without having an approved two-hour fire wall.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's health facility identification (HFID 28244), a building, was located at 1001 Kenwood Avenue, Duluth, MN 55811, and was attached to other occupancies under the same roof in the same building.</p> <p>On June 11, 2024, at 3:01 p.m., maintenance (M)-F emailed the project manager of the architect for the licensee's building and requested information inquiring if the floor between the second and third floor that separates the assisted living and the occupied apartments met the two hour fire rating.</p> <p>On June 12, 2024, at 3:59 p.m., Minnesota Department of Health (MDH) engineering survey staff received and email from the licensee's</p>	0 100		
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0 100	<p>Continued From page 3</p> <p>architecture team who designed the licensee's building indicating the floors in the building separating the assisted living from other occupancies were fully sprinkled in which case the fire resistance rating was allowed to be reduced to achieve a one-hour separation from other occupancies.</p> <p>On June 13, 2024, at 9:23 a.m., the MDH engineering survey staff sent a response email to the architect team indicating the following: "The requirements for fire resistant rated construction between licensed Minnesota Assisted Living facilities and other occupancies in the same building are based on the licensing requirements of Minnesota Department of Health (MDH) in addition to the applicable codes."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 100		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p>	0 480		

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NAME OF PROVIDER OR SUPPLIER BENET HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 KENWOOD AVENUE DULUTH, MN 55811
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0 480	<p>Continued From page 4</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated June 11, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 580 SS=F	<p>144G.42 Subd. 2 Quality management</p> <p>The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.</p> <p>This MN Requirement is not met as evidenced</p>	0 580		

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0 580	<p>Continued From page 5</p> <p>by: Based on interview and record review, the licensee failed to implement and maintain a quality management program appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all current residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On June 11, 2024, at 9:20 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and operations manager (OP-E) stated they try and meet quarterly and current project was focused on decreasing resident falls.</p> <p>On June 13, 2024, at 11:17 a.m., OP-E stated she was unable to find documentation of any previous quality management projects.</p> <p>The licensee's Quality Management Project policy dated August 1, 2021, indicated the licensee would have at least one documented quality management project in place at all times, and retain records of such projects for at least two years and made available, upon requested, to the Minnesota Department of Health surveyors.</p> <p>No further information provided.</p>	0 580		

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0 580	Continued From page 6 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 580		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents, staff, and visitors of the facility.</p>	0 680		

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0 680	<p>Continued From page 7</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's Emergency Preparedness Binder, undated included a Hazard Vulnerability Risk Assessment dated 2023. The EPP binder included an organizational chart for the facility, generic instructions for staff to follow in case of a fire, severe weather, power outage, hazardous materials, evacuation, and emergency lockdown. The licensee's EPP did not include the following:</p> <ul style="list-style-type: none"> -a quarterly review of the missing resident policy; -process for EP cooperation with state and local EP officials/organizations; -development of policies/procedures to address: <ul style="list-style-type: none"> - procedure for tracking staff and residents; - subsistence needs for staff and residents during an emergency to include (food, water, medical supplies, pharmacy supplies, sewer and waste disposal, emergency lighting, fire detection, extinguishing and alarm systems; - the facilities role in providing care and treatment at alternative sites under a 1135 waiver; - arrangement with other facilities; -a communication plan that included: <ul style="list-style-type: none"> - a means to provide information regarding the facility's needs, and its ability to provide assistance to include information about their occupancy; -an emergency prep testing requirements to include: 	0 680		

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0 680	<p>Continued From page 8</p> <p>-participation in an annual full-scale exercise that is community based or conduct an annual, individual, facility-based functional exercise; and -an additional annual exercise that may include a second full-scale exercise or mock disaster drill or table-top exercise and analyze the facility's response to and maintain documentation of all drills, tabletop exercises and emergency events & revise plan as needed.</p> <p>On June 13, 2024, at 11:45 a.m., the surveyor reviewed the licensee's EPP with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, operations manager (OM)-E, and administrator (A)-H. A-H stated the licensee's EPP was coordinated with the college campus. A-H confirmed the licensee's EPP did not contain all the required elements and was not specific to the licensee.</p> <p>The licensee's Emergency Preparedness Plan-Appendix Z Compliance policy dated August 1, 2021, indicated the licensee would have in place and effective and compliant Emergency Preparedness Plan. The intent of the plan would align with the Centers for Medicare and Medicaid Services State Operation Manual Appendix Z. The licensee's emergency plan would include all the required elements of appendix Z. The plan would be reviewed annually and the plan would be based on the licensee's assisted living and community based risk assessments to include the following four primary components: -risk assessment and planning; -policies and procedures; -a communication plan; and -staff training and exercises/drills.</p> <p>No further information was provided.</p>	0 680		

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0 680	Continued From page 9 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>On a facility tour on June 11, 2024, at 10:15 a.m., with maintenance (M)-G and maintenance (M)-F, the surveyor made the following observations of</p>	0 800		

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0 800	<p>Continued From page 10</p> <p>facility incomplete maintenance, hazards, and disrepair:</p> <p>The door closer arms were removed from fire resistant rated doors, and they would not automatically close and latch on the resident room and public restroom doors. Fire resistant rated doors are required to be maintained automatically closing and latching as designed and approved at the time of construction.</p> <p>The fire-resistant rated door did not automatically close and latch on the tub room (201). The door needs adjustment in order to automatically latch. Fire resistant rated doors are required to be maintained to automatically close and latch as designed and approved at the time of construction.</p> <p>During the tour the surveyor requested documentation for maintenance of the onsite emergency power generator included as part of the licensee emergency preparedness plan. During an interview on June 11, 2024, at 11:00 a.m., M-F, stated documentation was not available for maintenance specific to the emergency power generator. Emergency power generators included as part of the licensee emergency preparedness plan are required to be maintained according to National Fire Protection Association (NFPA) 110 and documented.</p> <p>During a facility tour on June 11, 2024, at 11:15 a.m., M-G, and M-F, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		

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0 810	Continued From page 11	0 810		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <p>(1) location and number of resident sleeping rooms;</p> <p>(2) employee actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(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.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record</p>	0 810		

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0 810	<p>Continued From page 12</p> <p>review, the licensee failed to develop the fire safety and evacuation plan with required content, make the plan readily available, provide required training and drills. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On June 11, 2024, at 11:30 a.m., operations manager (OM)-E, provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p>FIRE SAFETY AND EVACUATION PLAN</p> <p>The licensee FSEP, failed to include the following:</p> <p>The number of resident sleeping rooms was not included on the FSEP evacuation plan. The resident room numbers are required to be included on the FSEP evacuation plan for use by occupants in order to navigate to the exits in the event of a fire or similar emergency.</p> <p>The FSEP did not identify specific fire protection actions for residents as evident by not providing in writing in the plan, procedures for residents to take in the event of a fire or similar emergency.</p>	0 810		

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0 810	<p>Continued From page 13</p> <p>During an interview on June 11, 2024, at 11:45 a.m., OM-E stated the room numbers were not included on the FSEP evacuation plan and the resident procedures in the event of a fire or similar emergency were not included in writing in the FSEP.</p> <p>TRAINING</p> <p>Record review indicated the licensee failed to provide training to employees on the FSEP upon hire and at least twice per year as evident by not providing documentation training was provided and completed by employees as required.</p> <p>Record review indicated the licensee failed to provided evacuation training to residents at least once per year as evident by not providing documentation training was provided to residents as required.</p> <p>During an interview on June 11, 2024, at 11:55 a.m., OM-E, stated documentation was not available for required training of employees and training provided to residents.</p> <p>DRILLS</p> <p>Record review indicated the licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month as evident by providing documentation drills were completed June 15, 2023, June 30, 2023, September 28, 2023, and December 28, 2023, and not in the required sequence.</p> <p>During an interview on June 11, 2024, at 12:15 p.m., OM-E stated documentation was not available for drills completed in the required</p>	0 810		

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0 810	Continued From page 14 sequence of every other month and twice per year per shift. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident for two of two residents (R2, R3).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2</p>	0 970		

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0 970	<p>Continued From page 15</p> <p>R2's diagnoses included cerebral palsy (a congenital disorder of movement, muscle tone, or posture), chronic kidney disease, high blood pressure, and osteoarthritis.</p> <p>R2's Service Plan dated February 23, 2024, indicated R2 received assistance with grooming, bathing, dressing, and medication administration.</p> <p>R2's Assisted Living Resident Agreement signed August 1, 2021, included the following waiver of liability language: -Page 13, under section #23 Personal Property, the facility was not responsible for any loss or damage to the residents personal property due to theft, or damage due to fire, water, tornado or other acts of nature and events beyond the facility's control. -Page 16, under section #28 Indemnification, indicated the resident would indemnify and hold harmless facility, its employees, and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by resident of the rented premise or any other part of Facility's property, or caused wholly or in part by an act or omission of resident or resident's guests or agents. -Pages 16 and 17, under section #30 Liability, indicated the facility was not liable to resident or resident's guests for any injury, death or property damage occurring in the apartment unit or on Facility's premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by resident or resident's guests. The facility was also not liable for any injury, death or damage occurring as the result of Resident's receipt of health-related,</p>	0 970		

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0 970	<p>Continued From page 16</p> <p>supportive or other services from third party providers. The facility may be liable to resident for its own negligent acts or those of its employees or agents. Unless caused by one of the aforementioned excepted reasons, resident agrees to hold the facility harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Apartment Unit or on facility's premises. resident would not be liable to facility, or any other person claiming through or under facility by right of subrogation or otherwise, for damage to the Apartment Unit or to facility's premises from causes or risks normally covered by standard fire and extended coverage insurance, or which are actually covered by any other insurance. The parties to this Agreement shall procure from their insurers a waiver of all rights of subrogation which one insurer under said policies might have as against another, said waiver to be in writing for the express benefit of the other.</p> <p>R3 R3's diagnoses included dementia, depression, high blood pressure, anxiety, atrial fibrillation (irregular heart rate).</p> <p>R3's Service Plan dated June 10, 2024, indicated R3 received assistance with grooming, bathing, dressing, transfers, and medication administration.</p> <p>R3's Assisted Living Resident Agreement signed October 11, 2023, included the following waiver of liability language: -Page 13, under section #23 Personal Property, the facility was not responsible for any loss or damage to the residents personal property due to theft, or damage due to fire, water, tornado or</p>	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2024
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NAME OF PROVIDER OR SUPPLIER BENET HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 KENWOOD AVENUE DULUTH, MN 55811
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 970	<p>Continued From page 17</p> <p>other acts of nature and events beyond the facility's control.</p> <p>-Page 16, under section #28 Indemnification, indicated the resident would indemnify and hold harmless facility, its employees, and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by resident of the rented premise or any other part of Facility's property, or caused wholly or in part by an act or omission of resident or resident's guests or agents.</p> <p>-Page 17, under section #30 Liability, indicated the facility was not liable to resident or resident's guests for any injury, death or property damage occurring in the apartment unit or on Facility's premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by resident or resident's guests. The facility was also not liable for any injury, death or damage occurring as the result of Resident's receipt of health-related, supportive or other services from third party providers. The facility may be liable to resident for its own negligent acts or those of its employees or agents. Unless caused by one of the aforementioned excepted reasons, resident agrees to hold the facility harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Apartment Unit or on facility's premises. resident would not be liable to facility, or any other person claiming through or under facility by right of subrogation or otherwise, for damage to the Apartment Unit or to facility's premises from causes or risks normally covered by standard fire and extended coverage insurance, or which are actually covered by any</p>	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/13/2024
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0 970	<p>Continued From page 18</p> <p>other insurance. The parties to this Agreement shall procure from their insurers a waiver of all rights of subrogation which one insurer under said policies might have as against another, said waiver to be in writing for the express benefit of the other.</p> <p>On June 13, 2024, at 11:45 a.m., during a group interview with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, operations manager (AM)-E and administer (A)-H the licensee's contract was reviewed. LALD/CNS-A stated the assisted living contract should be the same for all residents. A-H confirmed the waiver of liability language in the assisted living contracts and was unaware of the requirement.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 970		
01760 SS=D	<p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>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 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</p>	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2024
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NAME OF PROVIDER OR SUPPLIER BENET HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 KENWOOD AVENUE DULUTH, MN 55811
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01760	<p>Continued From page 19</p> <p>with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of two registered nurses (RN)-B administer medications as ordered by prescriber for one of one resident (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3's diagnoses included dementia, depression, high blood pressure, anxiety, atrial fibrillation (irregular heart rate).</p> <p>R3's Service Plan dated June 10, 2024, indicated R3 received medication administration services.</p> <p>R3's Clinical Update Summary dated June 10, 2024, indicated R3 required assistance with medication administration and was occasionally resistance in taking medications.</p> <p>R3's Physician Order Report dated May 10, 2024, through June 10, 2024, included aspirin 81 milligrams (mg) daily for atrial fibrillation.</p> <p>R3's June 2024, Medication Administration Summary indicated on June 10, 2024, R3 was to</p>	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2024
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NAME OF PROVIDER OR SUPPLIER BENET HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 KENWOOD AVENUE DULUTH, MN 55811
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01760	<p>Continued From page 20</p> <p>receive Tylenol at 2:00 p.m., and aspirin at 8:00 p.m.; on June 11, 2024, R3 was to receive aspirin 81 mg at 8:00 a.m., Tylenol 2:00 p.m.; and on June 12, 2024, R3 was to receive aspirin 81 mg at 8:00 a.m. R3's Medication Administration Summary for June 10, 11 and 12, indicated times previously indicated for aspirin and Tylenol were blank and did not include the time, or initials of the staff who administered the medications as directed.</p> <p>On June 13, 2024, at 9:21 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated after a resident's medication was administered, staff document in the resident's electronic medical record the initial of staff who administered the medication and the time the medication was administered. LALD/CNS-A reviewed R3's June 2024, Medication Administration Summary and was unsure why R3's aspirin and Tylenol were not administered. LALD/CNS-A stated R3 returned from the hospital on June 10, 2024, and could not find documentation in R3's record why R3's aspirin and Tylenol were not administered.</p> <p>The licensee's Administration of Medication and Treatment Record-Documentation policy dated August 1, 2021, indicated: The following must be documented in the resident's medication and/or treatment/therapy records after providing medication assistance or administration: -the date; -the time; -the quantity of dosage; -the method of administration of all prescribed legend and over-the-counter medications and or treatment/therapy; -signature and title of the authorized person who</p>	01760		

Minnesota Department of Health

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01760	<p>Continued From page 21</p> <p>provided the assistance and/or administration of medications/treatment/therapy. If medication and or treatment/therapy assistance and/or administration were not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided. Documentation of medication/treatment/therapy reminders, assistance or administration would be completed by the person who performed the task immediately after the medication assistance/administration was completed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		

Type: Full
Date: 06/11/24
Time: 23:00:00
Report: 1016241095

Food and Beverage Establishment Inspection Report

Page 1

Location:

Benet Hall
1001 Kenwood Avenue
Duluth, MN55811
St. Louis County, 69

Establishment Info:

ID #: 0038554
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2187237080
ID #:

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

The following orders were issued during this inspection.

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

MANAGER ROSS IS ENROLLED IN A SERVS SAFE CLASS AND WILL BE OBTAINING HIS CFPM CERTIFICATE. POST CERTIFICATE.

Comply By: 06/28/24

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

HAND WASHING SINK WAS MISSING REMINDER SIGN. POST SIGN.

Comply By: 06/13/24

Surface and Equipment Sanitizers

Hot Water: = at 161 Degrees Fahrenheit

Location: DISH WASHER

Violation Issued: No

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit

Location: 3 COMPARTMENT SINK

Violation Issued: No

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit

Location: WIPING CLOTH BUCKET

Violation Issued: No

Type: Full
Date: 06/11/24
Time: 23:00:00
Report: 1016241095
Benet Hall

Food and Beverage Establishment Inspection Report

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 39 Degrees Fahrenheit - Location: STRWBERRIES
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: TOMATOES
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: BUTTER
Violation Issued: No

Process/Item: Upright Freezer
Temperature: Degrees Fahrenheit - Location: ALL FOOD FROZEN
Violation Issued: No

Process/Item: Upright Freezer
Temperature: Degrees Fahrenheit - Location: ALL FOOD FROZEN
Violation Issued: No

Process/Item: Prep Top Cooler
Temperature: 39 Degrees Fahrenheit - Location: HAM
Violation Issued: No

Process/Item: Prep Top Cooler
Temperature: 38 Degrees Fahrenheit - Location: CELERY
Violation Issued: No

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

COMMENTS:

DISCUSSED THE IMPORTANCE OF FREQUENT HAND WASHING BY ALL STAFF, AS WELL AS LIMITING BARE HAND CONTACT WITH ALL READY TO EAT FOODS. STAFF HAVE GLOVES AVAILABLE. USE GLOVES WITH ALL READY TO EAT FOODS AND CHANGE GLOVES FREQUENTLY AND ANY TIME TASKS ARE CHANGED.

DISCUSSED THE EMPLOYEE ILLNESS POLICY AND THE EXCLUSION OF EMPLOYEES SICK WITH SYMPTOMS OF VOMITING AND/OR DIARRHEA UNTIL 24 HOURS AFTER THEIR LAST SYMPTOM.

CONTACT THE DEPARTMENT OF HEALTH IF ANY EMPLOYEES ARE DIAGNOSED WITH SALMONELLA, SHIGELLA, SHIGA TOXIN-PRODUCING E. COLI, HEPATITIS A. VIRUS, NOROVIRUS, OR ANOTHER BACTERIAL, VIRAL OR PARASITIC PATHOGEN OR IF THERE ARE ANY CUSTOMER ILLNESS COMPLAINTS.

Type: Full
Date: 06/11/24
Time: 23:00:00
Report: 1016241095
Benet Hall

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 1016241095 of 06/11/24.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____ / ____ / ____

Signed: _____

ROSS
MANAGER

Signed:  _____

Cliff LaVigne
Sanitarian
Duluth
2183026181
clifford.lavigne@state.mn.us