



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 26, 2023

Licensee

Ecumen Hutchinson The Pines
1015 Century Avenue Southwest
Hutchinson, MN 55350

RE: Project Number(s) SL23788015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 28, 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).

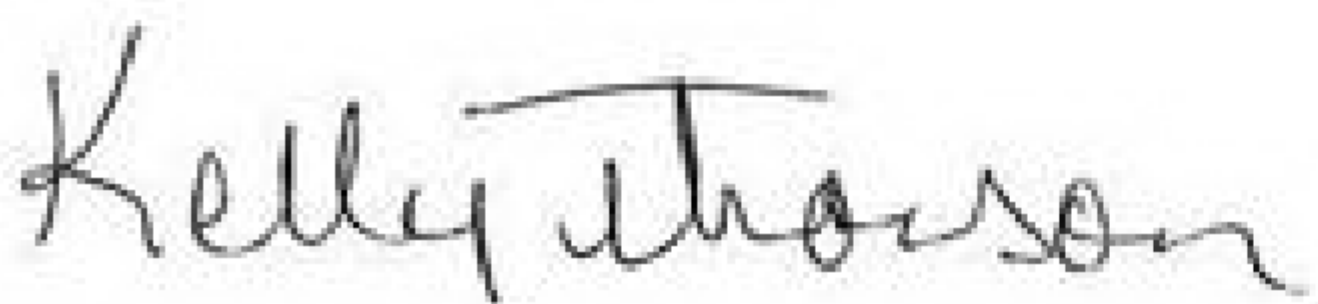
Please address your cover letter for reconsideration requests to:

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,



Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 651-281-9796

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/30/2023
NAME OF PROVIDER OR SUPPLIER ECUMEN HUTCHINSON THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 CENTURY AVENUE SW HUTCHINSON, MN 55350		
(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: SL23788015 On June 26, 2023, through June 28, 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 83 active residents; 49 of whom were receiving services under the Assisted Living with Dementia Care license.	0 000			
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: (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	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1 review, the licensee failed to ensure food was prepared according to the Minnesota Food Code. This had the potential to affect all 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, 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). The findings include: Please refer to the additional documentation included in the Food and Beverage Establishment Inspection Reports, dated June 27, 2023. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or	0 810		

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0 810	Continued From page 2 evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with required elements, failed to provide required employee and resident training on fire safety and evacuation, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors. 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).	0 810			

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0 810	Continued From page 3 Findings include: A record review and interview were conducted on June 27, 2023, at approximately 11:45 a.m. with Administrator Executive Director (AED)-C and Director of Maintenance (DM)-D on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation indicated that the evacuation plan did not include 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. The facility plan stated that the local fire department would make the determination to evacuate and go through the procedures for resident movement, evacuation, or relocation at the time of an emergency. During interview, AED-C and DM-D verified that the fire safety and evacuation plan for the facility lacked these provisions. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains,	01060		

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01060	Continued From page 4 at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and	01060			

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01060	Continued From page 5 failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of three residents (R7). 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 June 27, 2023, at 2:12 p.m., the surveyor asked for the emergency relocation forms for three resident's that the current resident roster indicated recent hospitalizations. R7 was admitted for assisted living services on February 20, 2023. R7's Service Agreement effective May 3, 2023, indicated R7 received services for safety checks, nail care assistance, home health coordination, linen changes, and housekeeping. R7's record lacked a written notice that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement	01060			

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01060	Continued From page 6 that a return date is not currently known; and - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G. 54. The facility must provide contact information for the agency to which the resident may submit an appeal. On June 27, 2023, at 2:45 p.m., clinical nurse supervisor (CNS)-B confirmed a written notice related to R7's emergency relocation had not been completed and that she must have missed that one. The licensee's Contract Termination policy dated August 1, 2021, indicated in the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: -the reason for the relocation; -the name and contact information for the location to which the resident has been relocated and any new service provider; -contact information for the Office of Ombudsman for Long-Term Care; -if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and -a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section144G.54. The facility will provide contact information for the agency to which the resident may submit an appeal. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01060			

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01970	Continued From page 7	01970			
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of one resident (R5). 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: During the entrance conference on June 26, 2023, at 11:20 a.m., clinical nurse supervisor (CNS)-B confirmed the licensee provided treatment and therapy services to residents. R5's diagnoses included Alzheimer's disease (memory loss), hypertension (high blood pressure), and diabetes (low blood sugar).	01970			

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01970	Continued From page 8 R5's service plan dated January 6, 2023, indicated R5 received assistance with a continuous positive airway pressure machine (CPAP) (provides air at a pressure just enough to prevent the collapse of airway) daily. On June 27, 2023, at 7:52 a.m., the surveyor observed R5 lying in bed with a CPAP machine properly placed. ULP-F gently removed the mask from R5's face and stated staff rinse and clean the CPAP, so it is ready for the evening shift. On June 27, 2023, at 12:31 p.m., surveyor and CNS-B reviewed a document from R5's treatment administration record (TAR) and CNS-B verified CPAP maintenance and assistance was provided by the ULP's daily. Additionally, CNS-B stated she did not have a physician order for R5's CPAP. The licensee's Content of Medication Prescriptions and Treatment or Therapy Orders policy dated August 1, 2021, indicated an order for a treatment or therapy must be dated, signed by the prescriber and must be current and consistent with the resident's nursing assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970			

Type: Full
Date: 06/27/23
Time: 12:00:00
Report: 1033231109

Food and Beverage Establishment Inspection Report

Page 1

Location:

Ecumen Hutchinson The Pines
1015 Century Avenue S.W.
Hutchinson, MN55350
Mc Leod County, 43

Establishment Info:

ID #: 0018720
Risk: Medium
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Ecumen

Phone #: 3202349791
ID #: 22077

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.

6-200 Physical Facility Design and Construction

6-202.15A

MN Rule 4626.1395A Seal holes, gaps, and other openings along floors, walls and ceilings to the outside of the building and provide self-closing, tight-fitting doors and windows for all outside openings.

Exterior door located in the kitchen has visible light shining through the bottom.

Comply By: 06/30/23

Surface and Equipment Sanitizers

Quaternary Ammonium: = 200PPM at Degrees Fahrenheit

Location: Red Bucket

Violation Issued: No

Hot Water: = at 172 Degrees Fahrenheit

Location: Dish Machine

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding

Temperature: 150 Degrees Fahrenheit - Location: Baked Potato-Steam Well

Violation Issued: No

Process/Item: Hot Holding

Temperature: 143 Degrees Fahrenheit - Location: Pork Roast-Steam Well

Violation Issued: No

Type: Full
Date: 06/27/23
Time: 12:00:00
Report: 1033231109
Ecumen Hutchinson The Pines

Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: Milk Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: Two Door Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 0> Degrees Fahrenheit - Location: Freezer
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: Second Kitchen Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 0> Degrees Fahrenheit - Location: Second Kitchen Freezer
Violation Issued: No

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

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

I acknowledge receipt of the inspection report number 1033231109 of 06/27/23.

Certified Food Protection Manager Jazmin Anel King

Certification Number: FM89093 Expires: 05/14/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
Jazmin Anel King

Signed: 
Isaiah Armendariz
Environmental Health Specialist
Mankato District Office
507-344-2743
isaiah.armendariz@state.mn.us

Report #: 1033231109		Food Establishment Inspection Report							
		No. of RF/PHI Categories Out		0		Date 06/27/23			
		No. of Repeat RF/PHI Categories Out		0		Time In 12:00:00			
		Legal Authority MN Rules Chapter 4626				Time Out			
Ecumen Hutchinson The Pines		Address 1015 Century Avenue S.W.		City/State Hutchinson, MN		Zip Code 55350		Telephone 3202349791	
License/Permit # 0018720		Permit Holder Ecumen		Purpose of Inspection Full		Est Type		Risk Category M	
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			
Supervision									
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 Hygienic 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					
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 ☐ IN ☐ OUT				Water & ice obtained from an approved source					
32 ☐ IN ☐ OUT ☒ N/A				Variance obtained for specialized processing methods					
Food Temperature Control									
33 ☐ IN ☐ OUT				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 ☐ IN ☐ OUT				Thermometers provided & accurate					
Food Identification									
37 ☐ IN ☐ OUT				Food properly labeled; original container					
Prevention of Food Contamination									
38 ☒ X				Insects, rodents, & animals not present					
39 ☐ IN ☐ OUT				Contamination prevented during food prep, storage & display					
40 ☐ IN ☐ OUT				Personal cleanliness					
41 ☐ IN ☐ OUT				Wiping cloths: properly used & stored					
42 ☐ IN ☐ OUT				Washing fruits & vegetables					
Food Recalls:									
Person in Charge (Signature)									
Date: 06/29/23									
Inspector (Signature)									