Electronically Delivered

September 25, 2025

Licensee
Ecumen Seasons at Maplewood
1670 Legacy Parkway East
Maplewood, MN 55109

RE: Project Number(s) SL27398016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 8, 2025, 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.

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,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

AH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27398	A. BUILDING: _____ B. WING _____	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN SEASONS AT MAPLEWOOD	1670 LEGACY PARKWAY EAST MAPLEWOOD, MN 55109

(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: SL#27398016-0 On August 4, 2025, through August 8, 2025, 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 143 residents, 87 of whom were receiving services under the provider's Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A,	0 480		

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. 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 document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 5, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included an employee TB symptom and history screen and completion of a two-step tuberculin skin test (TST) or TB blood test, no greater than 90 days prior to hire date for one of two employees (clinical nurse supervisor (CNS)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 660		

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0 660	Continued From page 4 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: The licensee's Facility TB Risk Assessment, dated June 6, 2025, indicated the facility was at a low risk for TB transmission. CNS-B was hired July 10, 2023, to provide supervision of staff and direct care for residents of the facility. CNS-B's employee record included documentation of a TB history and symptom screening form, dated July 1, 2023, but lacked documentation of a two-step tuberculin skin test (TST) or TB blood test. On July 6, 2025, at 12:00 p.m., clinical nurse supervisor (CNS)-B stated she probably did not have TB testing done at this licensee and would complete the testing immediately. The licensee's TB Prevention and Control policy, dated August 1, 2021, indicated baseline TB screening would be required for all health care workers and this screening would include testing by either a two-step TST or a single blood test. The CDC's Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC	0 660		

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0 660	Continued From page 5 dated May 16, 2019, recommended all health care professionals complete a TB screening including a symptom evaluation and an IGRA or TST. Health care workers with written documentation of a previous positive TST or IGRA should have documented in their record: test results, assessment for current TB symptoms and a related chest x-ray. The MDH Regulations for TB Control in Minnesota Health Care Settings, updated December 20, 2023, indicated baseline TB screening consists of three components: 1. Assessing for current symptoms of active TB disease, 2. Assessing TB history, and 3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single IGRA. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
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) staff 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	0 810		

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0 810	Continued From page 6 emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff 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 staff 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 observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required drills. This had the potential to directly affect all residents, staff, 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected	0 810		

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0 810	Continued From page 7 or has potential to affect a large portion or all of the residents). The findings include: On August 6, 2025, from 10:30 a.m. to 3:30 p.m., with environmental maintenance (EM)-F provided documents on the fire safety evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. DRILLS The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. EM-F stated that they were using drills as training and documented together. Facility uses electronic tracking system and could showed 2 drills had been completed. There has been a management change in the community and older documentation was not available at time of survey. On August 6, 2025, at 1:30 p.m., EM-F stated there were no additional documented drills for the facility. EM-F stated they understood the requirements for evacuation drills and would implement a program that was compliant with statute requirements TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

ECUMEN SEASONS AT MAPLEWOOD

1670 LEGACY PARKWAY EAST

Maplewood, MN 55109
Ramsey County
Parcel:

Phone:

License Info

License: HFID 27398

Risk:
License:
Expires on:
CFPM: Elizabeth A. Pawlenty
CFPM #: 57032; Exp: 02/25/2028

Inspection Info

Report Number: F1021251101
Inspection Type: Follow-up - Single
Date: 8/19/2025 Time: 10:40:34 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

Today's follow-up was to address and clear previously written orders from a full inspection conducted on 08/05/25. 8 out of 8 orders were cleared from the report.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1021251101 from 8/19/2025

Elizabeth Pawlenty
Dining Manager

Melissa Ramos

Melissa Ramos,
Public Health Sanitarian 3
651-201-4495
melissa.ramos@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

ECUMEN SEASONS AT MAPLEWOOD

Maplewood
County/Group: Ramsey County

Inspection Info

Report Number: F1021251101
Inspection Type: Follow-up
Date: 8/19/2025
Time: 10:40:34 AM

Food Temperature: Product/Item/Unit: Sliced Turkey**; Temperature Process:** Cold-Holding
Location: Continental Prep Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sliced Ham**; Temperature Process:** Cold-Holding
Location: Continental Prep Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Hot Dogs**; Temperature Process:** Cold-Holding
Location: Continental Prep Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

ECUMEN SEASONS AT MAPLEWOOD

Maplewood
County/Group: Ramsey County

Inspection Info

Report Number: F1021251101
Inspection Type: Follow-up
Date: 8/19/2025
Time: 10:40:34 AM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Dining Room **Equal To** 200 PPM
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

ECUMEN SEASONS AT MAPLEWOOD

1670 LEGACY PARKWAY EAST

Maplewood, MN 55109
Ramsey County
Parcel:

Phone:

License Info

License: HFID 27398

Risk:
License:
Expires on:
CFPM: Elizabeth A. Pawlenty
CFPM #: 57032; Exp: 02/25/2028

Inspection Info

Report Number: F1021251091
Inspection Type: Full - Single
Date: 8/5/2025 Time: 10:39:22 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 2
Total Priority 2 Orders: 1
Total Priority 3 Orders: 5
Delivery: Emailed

! New Order: 3-500B Microbial Control: hot and cold holding

3-501.16A *Priority Level: Priority 1 CFP#: 22*

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: RAW CHICKEN (46F), CUT MELON (44F) AND CHICKEN CASHEW SALAD (45F) IN THE CONTINENTAL PREP COOLER MEASURED ABOVE 41F. PER CONVERSATION WITH MANAGER, ALL TCS FOODS IN THE BOTTOM PART OF THE CONTINENTAL PREP COOLER ARE GOING TO BE DISCARDED. MANAGER WILL ARRANGE FOR THE COOLER TO BE SERVICED. DISCONTINUE STORING ANY TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS IN THIS PREP COOLER UNTIL IT IS REPAIRED AND CAN MAINTAIN A TEMPERATURE OF 41F OR BELOW.
Comply By: 8/5/2025 Originally Issued On: 8/5/2025

New Order: 4-200 Equipment Design and Construction

4-204.112A *Priority Level: Priority 3 CFP#: 36*

MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.
COMMENT: THE REFRIGERATOR IN THE 2ND FLOOR MEMORY CARE KITCHEN WAS MISSING A THERMOMETER. MANAGER PROVIDED ONE DURING INSPECTION. CORRECTED ON-SITE.
Comply By: 8/5/2025 Originally Issued On: 8/5/2025

New Order: 4-300 Equipment Numbers and Capacities

4-302.13A *Priority Level: Priority 2 CFP#: 48*

MN Rule 4626.0710A Provide a readily accessible temperature measuring device for measuring the washing and sanitizing temperatures in manual warewashing operations.
COMMENT: ESTABLISHMENT DOES NOT HAVE A MEASURING DEVICE THAT INDICATES THE FINAL UTENSIL SURFACE TEMPERATURE IN THE HIGH TEMPERATURE DISH MACHINE. PROVIDE.
Comply By: 8/12/2025 Originally Issued On: 8/5/2025

New Order: 4-400 Equipment Location and Installation

4-402.11A *Priority Level: Priority 3 CFP#: 47*

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.
COMMENT: THE CAULKING ADJACENT TO THE DISHWASHER SHOWS DEBRIS BUILDUP AND IS MISSING IN SOME AREAS. PLEASE REMOVE THE OLD CAULKING, CLEAN THE SURFACE, AND APPLY NEW CAULKING.
Comply By: 8/19/2025 Originally Issued On: 8/5/2025

! **New Order: 4-500 Equipment Maintenance and Operation**
4-501.114C3 *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.
COMMENT: QUATERNARY AMMONIUM (QUAT) CONCENTRATION IN THE SANITIZER SPRAY BOTTLE IN THE DINING ROOM MEASURED 50PPM. STAFF REMOVED THE BOTTLE AND WILL REPLACE IT WITH ONE CONTAINING AN APPROVED SANITIZER CONCENTRATION.
Comply By: 8/5/2025 Originally Issued On: 8/5/2025

New Order: 4-500 Equipment Maintenance and Operation
4-502.13MN *Priority Level: Priority 3 CFP#: 39*
MN Rule 4626.0833 Cut bulk milk dispensing tubes on the diagonal, leaving no more than one inch protruding from the chilled dispensing head.
COMMENT: THE MILK DISPENSING TUBE WAS ORIGINALLY CUT STRAIGHT ACROSS; HOWEVER, DURING THE INSPECTION, STAFF CUT THE TUBE AT AN ANGLE. CORRECTED ON-SITE.
Comply By: 8/5/2025 Originally Issued On: 8/5/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: VENTILATION HOOD FILTERS CONTAIN ACCUMULATION OF GREASE AND DUST. CLEAN AND MAINTAIN CLEAN.
Comply By: 8/12/2025 Originally Issued On: 8/5/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT: THE FLOOR BENEATH THE COOKING LINE EQUIPMENT HAS A ACCUMULATION OF GREASE AND DRIED FOOD DEBRIS. THE CEILING DUCT VENT ABOVE A PREP TABLE IN THE KITCHEN HAS A NOTICEABLE ACCUMULATION OF DUST. CLEAN AND MAINTAIN CLEAN.
Comply By: 8/11/2025 Originally Issued On: 8/5/2025

Food & Beverage General Comment

All findings on this report were discussed with Dining Manager, Elizabeth Pawlenty and Health Regulation Division Nurse Evaluator, Robyn Woolley.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1021251091 from 8/5/2025

Melissa Ramos

Elizabeth Pawlenty
Dining Manager

Melissa Ramos,
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Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

ECUMEN SEASONS AT MAPLEWOOD

Maplewood
County/Group: Ramsey County

Inspection Info

Report Number: F1021251091
Inspection Type: Full
Date: 8/5/2025
Time: 10:39:22 AM

Food Temperature: Product/Item/Unit: Raw Chicken **; Temperature Process:** Cold-Holding
Location: Continental Prep Cooler at 46 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Cut Melon **; Temperature Process:** Cold-Holding
Location: Continental Prep Cooler at 44 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Chicken Cashew Salad **; Temperature Process:** Cold-Holding
Location: Continental Prep Cooler at 45 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Sauerkraut **; Temperature Process:** Cold-Holding
Location: Continental Prep Cooler, Cold Wells at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sliced Tomato **; Temperature Process:** Cold-Holding
Location: Continental Prep Cooler, Cold Wells at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Chicken Enchiladas **; Temperature Process:** Hot-Holding
Location: Hot Wells at 184 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cottage Cheese **; Temperature Process:** Cold-Holding
Location: Delfield Upright Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cheesy Potato Soup **; Temperature Process:** Hot-Holding
Location: Soup Well at 161 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk **; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Salad **; Temperature Process:** Cold-Holding
Location: Delfield Upright Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Chicken Tenders **; Temperature Process:** Hot-Holding
Location: Hot Wells, 1st Floor Memory Care Kitchen at 180 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Chicken Enchiladas **; Temperature Process:** Hot-Holding
Location: Hot Wells, 1st Floor Memory Care Kitchen at 179 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Milk **; Temperature Process:** Cold-Holding
Location: Refrigerator, 1st Floor Memory Care Kitchen at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Cheesy Potato Soup **; Temperature Process:** Hot-Holding
Location: Hot Wells, 2nd Floor Memory Care Kitchen at 152 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Milk **; Temperature Process:** Cold-Holding
Location: Refrigerator, 2nd Floor Memory Care Kitchen at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Cheeseburger **; Temperature Process:** Cooking
Location: Flat Top at 179 Degrees F.
Comment:
Violation Issued?: No

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Sanitizer Observations/Recordings

Establishment Info

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County/Group: Ramsey County

Inspection Info

Report Number: F1021251091
Inspection Type: Full
Date: 8/5/2025
Time: 10:39:22 AM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Dining Room **Equal To** 0 PPM
Comment:
Violation Issued?: Yes

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** 3-Compartment Sink
Location: Dishwashing Area **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 168 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Equal To 200 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: 1st Floor Memory Care Kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: 2nd Floor Memory Care Kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No