Electronically Delivered

December 20, 2024

Licensee
Annandale Care Center
600 Park Street East
Annandale, MN 55302

RE: Project Number(s) SL20074016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 15, 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.

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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20074	A. BUILDING: _____ B. WING _____	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNANDALE CARE CENTER	600 PARK STREET EAST ANNANDALE, MN 55302

(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 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: SL20074016-0 On November 12, 2024, through November 14, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 104 resident(s); 67 receiving services under the Assisted Living Facility license.	0 000	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. 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, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 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 November 13, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		

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0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (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. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to have a written emergency preparedness (EP) plan with all the required content. This had the potential to 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	0 680		

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0 680	Continued From page 4 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 undated emergency disaster preparedness plan, lacked evidence of the following required content: - Identify at risk population needs like maintaining independence, communication, transportation, supervision and medical care; - Communication plan must include the names and contact information for residents' physicians and volunteers; - Communication plan must include all of the following: means to providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee; and - Communication plan must include all of the following: method for sharing information from the emergency plan, that the facility has determined appropriate, with residents and their families/representatives. On November 14, 2024, at 9:57a.m., licensed assisted living director (LALD)-C stated, "I will tell you right now we don't have the specific residents in there. I will get a resident roster to identify what each resident's needs will be. We do not have resident physician's and contact information in there. Needs- We don't have that but will add it. LTC Communication to family- It's not in there. I think it is in the campus EP binder."	0 680		

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0 680	Continued From page 5 The licensee's Plans for Natural Disasters and Emergencies policy dated January 2015, last revised July 2018, indicated the emergency preparedness plan would have the above listed items. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain 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. This deficient condition 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	0 800		

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0 800	Continued From page 6 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: On November 12, 2024, at 2:10 p.m., surveyor toured the facility with director of maintenance (DM)-C. The following maintenance issues were observed. Building # 660 had ceiling paint and finishes peeling off in the maintenance room by the exhaust fan duct. Building # 600, resident bedroom # 104, had a broken window. The emergency exit door had a loose door frame. Building # 700 had a broken trash chute door on the 3rd floor so that the door would not close or latch. DM-C stated they understood the above-listed deficiencies. TIME PERIOD FOR CORRECTION: twenty-one (21) days.	0 800		
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable;	0 910		

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0 910	Continued From page 7 (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for two of two residents (R2 and R5). 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 the potential to affect a large portion or all the residents). The findings include: The licensee had an active Assisted Living license dated September 1, 2024, through August 31, 2025. R2 R2 was admitted to the licensee and began receiving assisted living services on November 22, 2022. R2's record included a [Licensee] assisted living contract dated November 17, 2022. R5 R5 was admitted to the licensee and began receiving assisted living services on March 6, 2017.	0 910		

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0 910	Continued From page 8 R5's record included a [Licensee] assisted living contract dated February 27, 2017. R2 and R5's written contract lacked the following required content: - the contract must include in a conspicuous place and manner on the contract the Health Facility Identification (HFID) number of the facility. On November 14, 2024, at 9:59 a.m. licensed assisted living director (LALD)-C stated, "All the contracts should be the same. I truthfully have not updated the contracts since (the last LALD) was here. It slipped truthfully." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 910		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your	0 950		

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0 950	Continued From page 9 guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to offer one of four resident (R5) the opportunity to identify a designated representative in writing with the required statutory language. 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). The findings include: On November 12, 2024, at 4:15 p.m., LALD-C provided the surveyor with R5's medical file that included R5's facility contract signed February 27, 2017, that lacked the required statutory language for the designated representative. On November 14, 2024, at 9:57 a.m., LALD-C	0 950		

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0 950	Continued From page 10 indicated all of the contracts were the same and stated, "Truthfully, it must have been missed." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited 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. 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 licensee's liability for health, safety, or personal property for one of one resident reviewed (R3). 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). The findings include:	0 970		

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0 970	Continued From page 11 R5 was admitted to the licensee on March 6, 2017 and began receiving assisted living services on August 1, 2021. R5's record included a [licensee] Housing With Services Contract & Lease Agreement signed by R5 on February 27, 2017, indicated, "INDEMNIFICATION Tenant will indemnify and hold harmless Landlord, 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 Tenant of the rented premises or any other part of Landlord 's property, or caused wholly or in part by an act or omission of Tenant or Tenant's guests or agents." On November 14, 2024, at 9:57 a.m., LALD-C indicated all of the contracts were the same and stated, "I am assuming those addendums would have been sent out by (previous LALD). We will make changes." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
0 980 SS=C	144G.51 ARBITRATION (a) An assisted living facility must clearly and conspicuously disclose, in writing in an assisted living contract, any arbitration provision in the contract that precludes, limits, or delays the ability of a resident from taking a civil action. (b) An arbitration requirement must not include a choice of law or choice of venue provision. Assisted living contracts must adhere to	0 980		

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0 980	Continued From page 12 Minnesota law and any other applicable federal or local law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an arbitration agreement did not include a choice of venue provision. This had the potential to affect all residents. This practice resulted in a level one 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). The findings include: The facility is located in Wright County. On November 12, 2024, at 3:31 p.m., licensed assisted living director (LALD)-C provided the surveyor with R4's Assisted Living Contract. R4's Contract included section II. Payment, and subsection 2. Monthly Payments which read, "If you default in your payment obligations under this Contract, you agree to pay Provider all of its costs and expenses of collections, including attorneys' fees. If Provider initiates legal action to collect amounts in default under the Contract, Provider may, at its option, file or pursue such action through final judgement or settlemet in the court of Wright County, Minnesota." On November 14, 2024, at 9:59 a.m. licensed assisted living director (LALD)-C stated, "All the contracts should be the same. I truthfully have not	0 980		

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	20074	A. BUILDING: _____ B. WING _____	11/15/2024

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0 980	Continued From page 13 updated the contracts since (the last LALD) was here. It slipped truthfully." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 980		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study (BGS) was submitted and a clearance received in affiliation with the assisted living licensee's current health facility identification (HFID) for 15 of 109 employees (Human Resource Director (HRD)-G and unlicensed personnel (ULP)-L, ULP-O, ULP-P, ULP-Q, ULP-R, ULP-S, ULP-T, ULP-U, ULP-V, ULP-W, ULP-X, ULP-Y, ULP-Z, and ULP-AA). This had the potential to affect all	01290		

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01290	Continued From page 14 residents living within the facility. 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 the potential to affect a large portion or all of the residents). The findings include: HRD-G HRD-G was hired on June 13, 2024, to perform human resource services for the licensee. HRD-G's employee record contained a background study dated June 13, 2024, affiliated with the licensee's sister facility license under HFID 951. HRD-G's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-L ULP-L was hired on July 25, 2023, to preform direct services for the licensee's residents. ULP-L's employee record contained a background study dated July 25, 2023, affiliated with the licensee's sister facility license under HFID 951. ULP-L's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-O ULP-O was hired on June 7, 2023, to preform	01290		

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01290	Continued From page 15 direct services for the licensee's residents. ULP-O's employee record contained a background study dated June 7, 2023, affiliated with the licensee's sister facility license under HFID 951. ULP-O's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-P ULP-P was hired on June 12, 2024, to preform direct services for the licensee's residents. ULP-P's employee record contained a background study dated June 12, 2024, affiliated with the licensee's sister facility license under HFID 951. ULP-P's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-Q ULP-Q was hired on June 7, 2024, to preform direct services for the licensee's residents. ULP-Q's employee record contained a background study dated June 7, 2024, affiliated with the licensee's sister facility license under HFID 951. ULP-Q's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-R ULP-R was hired on June 8, 2023, to preform direct services for the licensee's residents. ULP-R's employee record contained a background study dated June 8, 2023, affiliated	01290		

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01290	Continued From page 16 with the licensee's sister facility license under HFID 951. ULP-R's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-S ULP-S was hired on July 11, 2023, to preform direct services for the licensee's residents. ULP-S's employee record contained a background study dated July 11, 2023, affiliated with the licensee's sister facility license under HFID 951. ULP-S's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-T ULP-T was hired on August 20, 2024, to preform direct services for the licensee's residents. ULP-T's employee record contained a background study dated August 20, 2024, affiliated with the licensee's sister facility license under HFID 951. ULP-T's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-U ULP-U was hired on June 8, 2023, to preform direct services for the licensee's residents. ULP-U's employee record contained a background study dated June 8, 2023, affiliated with the licensee's sister facility license under HFID 951. ULP-U's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living	01290		

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01290	Continued From page 17 HFID license 20074. ULP-V ULP-V was hired on June 24, 2024, to preform direct services for the licensee's residents. ULP-V's employee record contained a background study dated June 24, 2024, affiliated with the licensee's sister facility license under HFID 951. ULP-V's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-W ULP-W was hired on June 22, 2023, to preform direct services for the licensee's residents. ULP-W's employee record contained a background study dated June 22, 2023, affiliated with the licensee's sister facility license under HFID 951. ULP-W's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-X ULP-X was hired on June 23, 2023, to preform direct services for the licensee's residents. ULP-X's employee record contained a background study dated June 26, 2023, affiliated with the licensee's sister facility license under HFID 951. ULP-X's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-Y ULP-Y was hired on February 15, 2024, to	01290		

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01290	Continued From page 18 preform direct services for the licensee's residents. ULP-Y's employee record contained a background study dated February 16, 2024, affiliated with the licensee's sister facility license under HFID 951. ULP-Y's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-Z ULP-Z was hired on January 25, 2024, to preform direct services for the licensee's residents. ULP-Z's employee record contained a background study dated January 25, 2024, affiliated with the licensee's sister facility license under HFID 951. ULP-Z's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. ULP-AA ULP-AA was hired on May 22, 2024, to preform direct services for the licensee's residents. ULP-AA's employee record contained a background study dated May 22, 2024, affiliated with the licensee's sister facility license under HFID 951. ULP-AA's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 20074. On November 13, 2024, at 1:12 p.m., HRD-G stated, "I think I was added this morning because when I looked it was the same thing, I wasn't on there I was affiliated to the nursing home."	01290		

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01290	Continued From page 19 On November 13, 2024, at 1:31 p.m., licensed assisted living director (LALD)-C, indicated they were unaware the staff had not been affiliated to the licensee's HFID and stated, "I have no clue, I know just from working at the nursing home that they had an issue with background studies, so I thought they were auditing it, that to me doesn't make sense." The licensee's Background Study policy dated April 2018 indicated, "It is the policy of [licensee] that each newly hired employee will satisfactorily complete a background study through the MN Department of Human Services prior to first day of work." No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in	01620		

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01620	Continued From page 20 the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessment to include all areas required on the uniform assessment tool per Minnesota Rule 4659.0150 for four of four residents (R2, R3, R4, and 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, 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: R2 admitted to the licensee on November 22, 2022, and began receiving assisted living services. R2's Service Plan titled Addendum A (Section IV-2) dated October 17, 2024, indicated R2 received medication administration, monthly vital signs, daily weights, laundry, linens,	01620		

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01620	Continued From page 21 housekeeping, and blood glucose monitoring. R2's 90-day assessment completed on October 29, 2024, included parts of the uniform assessment tool however lacked assessing sleep and spiritual needs. R3 admitted to the licensee on June 1, 2023, and began receiving assisted living services. R3's Service Plan titled Addendum A (Section IV-2) dated November 11, 2024, indicated R3 received assistance with dressing, assistance with TED stockings, oxygen support, monthly vital signs, twice weekly weights, laundry, linens,and housekeeping. R3's 90-day assessment completed on August 26, 2024, included parts of the uniform assessment tool however lacked assessing sleep and spiritual needs. R4 admitted to the licensee on October 6, 2023, and began receiving assisted living services. R4's service plan titled Addendum A (Section IV-2) dated September 11, 2024, indicated R4 received monthly vital signs, laundry, linens, housekeeping, toileting, medication administration, monthly nail care, and blood glucose monitoring. R4's 90-day assessment completed on September 12, 2024, included parts of the uniform assessment tool however lacked assessing sleep and spiritual needs. R5 admitted to the licensee on March 6, 2017, and began receiving assisted living services on August 1, 2021.	01620		

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01620	Continued From page 22 R5's service plan titled Addendum A (Section IV-2) dated August 14, 2024, indicated R5 received monthly vital signs, laundry, linens, weekly shower, dressing, transfer assist, medication administration, activity reminders, and monthly nail care. R5's 90-day assessment completed on October 11, 2024, included parts of the uniform assessment tool however lacked assessing sleep and spiritual needs. On November 14, 2024, at 9:57 a.m., licensed assisted living director (LALD)-C stated, "We were able to create the assessment so I am surprised the company we used didn't bring that up." The licensee's Initial and On-Going Nursing Assessment of Residents policy dated February 2023, read, "A comprehensive assessment includes but may not be limited to the requirements outlined by Minnesota rules. Current and historical records and information are reviewed to the extent they are made available to the RN and if the RN is aware of these records. Comprehensive assessment will include: a. The resident's personal lifestyle preferences, including: 1. Sleep schedule, dietary and social needs, leisure activities, and other customary routines that are important to the resident's quality of life. 11. Spiritual and cultural preferences Advanced health care directives and end-of-life preferences, including whether a person has or wants to seek a "do not resuscitate" order and "do not attempt resuscitation order" or "physician/provider orders for life sustaining treatment" order.	01620		

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01620	Continued From page 23 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01620		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by:	01650		

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01650	Continued From page 24 Based on interview and record review, the licensee failed to ensure the service plan included all required content for four of four residents (R2, R3, R4, and 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, 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 the potential to affect a large portion or all of the residents). The findings include: R2 R2 was admitted to the licensee and began receiving assisted living services on November 22, 2022. R2's diagnoses included hypertension, kidney disease, congestive heart failure, and type 2 diabetes. R2's Service Plan titled Addendum A (Section IV-2) dated October 17, 2024, indicated R2 received medication administration, monthly vital signs, daily weights, laundry, linens, housekeeping, and blood glucose monitoring. R3 R3 was admitted to the licensee and began receiving assisted living services on June 1, 2023. R3's diagnoses included hypertension, atrial fibulation, congestive heart failure, and type 2 diabetes.	01650		

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01650	Continued From page 25 R3's Service Plan titled Addendum A (Section IV-2) dated November 11, 2024, indicated R3 received assistance with dressing, assistance with TED stockings, oxygen support, monthly vital signs, twice weekly weights, laundry, linens,and housekeeping. R4 R4 was admitted to the licensee and began receiving assisted living services on October 6, 2023. R4's chronic pain, anxiety disorder, essential hypertension, atherosclerotic heart disease, major depressive disorder, type 2 diabetes, and polyosteoarthritis. R4 ' s Service Plan titled Addendum A (Section IV-2) dated September 11, 2024, indicated R4 received monthly vital signs, laundry, linens, housekeeping, toileting, medication administration, monthly nail care, and blood glucose monitoring. R5 R5 was admitted to the licensee March 6, 2017, and began receiving assisted living services on August 1, 2021. R5's diagnoses included major depressive disorder, cardiomegaly, cerebral infarction, essential hypertension, anxiety disorder, and seizures. R5 ' s Service Plan titled Addendum A (Section IV-2) dated August 14, 2024, indicated R5 received monthly vital signs, laundry, linens, weekly shower, dressing, transfer assist, medication administration, activity reminders, and	01650		

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01650	Continued From page 26 monthly nail care. R2, R3, R4 and R5's service plans lacked the following content: - a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility. On November 14, 2024, at 10:18 a.m. licensed assisted living director (LALD)-C stated, "We hired a company to help us to be able to create the service plans so I am surprised the company we use didn't bring that up that is was needed." The licensee's Contingency Plan policy dated February 2000, last revised July 2018, indicated, "[licensee] will provide services to tenants according to the individualized tenant service plan. When extraordinary circumstances occur Centennial Villa will have a contingency plan in place to follow. All tenants and/or responsible party will be informed of the contingency plan evidenced by their signature on the Service Plan." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20074	A. BUILDING: _____ B. WING _____	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNANDALE CARE CENTER	600 PARK STREET EAST ANNANDALE, MN 55302

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 27 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure all medications were properly labeled for one of one residents (R10). 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 November 13, 2024, at 9:50 a.m., surveyor observed the second floor 660 building medication cart and observed one bottle of Esbriet tablets 801mg (medication to treat idiopathic pulmonary fibrosis (IPF)) to be lacking a label with R10's name and specific order directions. On November 14, 2024, at 12:10 p.m., CNS-D stated, "we write their full names on them prior to going into the cart. R10's was missed." The licensee's Central Storage of Medication policy dated May 2001, last revised January 2020 indicated "A legend drug must be kept in its original container bearing the original label with legible information stating the prescription number, name of the drug, strength and quantity of drug, expiration dates of time-dated drug, directions for use, tenant's name, prescriber's	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20074	A. BUILDING: _____ B. WING _____	11/15/2024

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01890	Continued From page 28 name, date of issue, and the name and address of the licensed pharmacy that issued the medications." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of medication to include the prescription number,	01910		

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	20074	A. BUILDING: _____ B. WING _____	11/15/2024

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01910	Continued From page 29 and names of staff and other individuals involved in the disposition for two of two discharged residents (R1 and 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 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: R1 R1 was discharged from the licensee to another assisted living facility on June 3, 2024. R7 R7 was discharged from the licensee to another assisted living facility on June 24, 2024. R1 and R7's records lacked a medication disposition to include the prescription number as applicable, to whom the medications were given, and names of staff and other individuals involved in the disposition. On November 14, 2024, at 10:03 a.m., clinical nurse supervisor (CNS)-D stated, "I was not aware of having to add the RX numbers for non-controlled meds so we will fix that, and we will also add what we do with those medications to that form." The Licensee's Medication Disposition/Disposal policy, dated February, 2000, indicated, "Over the Counter and Legend Drugs 1. Unused portions of	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20074	A. BUILDING: _____ B. WING _____	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNANDALE CARE CENTER	600 PARK STREET EAST ANNANDALE, MN 55302

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01910	Continued From page 30 all non-controlled substances (legend and over the counter drugs) remaining in house after the death or discharge of the tenent for whom the drugs were prescribed, or any non-controlled drugs permanently discontinued, will be destroyed by the Licensed Nurse. 2. The Licensed nurse and witness will document the RX #, drug name, strength, quantity, date and sign for each medication destroyed on the form adapted from the Minnesota Board of Pharmacy, Certificate of Inventory and Destruction of Non-controlled Substance Form." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
02240 SS=C	144G.90 Subdivision 1 Assisted living bill of rights; notification (a) An assisted living facility must provide the resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand. (b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like	02240		

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	20074	A. BUILDING: _____ B. WING _____	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNANDALE CARE CENTER	600 PARK STREET EAST ANNANDALE, MN 55302

(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
02240	Continued From page 31 to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." (c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, email, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint. (d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a written acknowledgement of receipt of the current assisted living bill of rights was obtained for four of four residents (R2, R3, R4, and R5). 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	02240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20074	A. BUILDING: _____ B. WING _____	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02240	Continued From page 32 or has potential to affect a large portion or all of the residents). The findings include: R2 R2 was admitted to the licensee and began receiving assisted living services on November 22, 2022. R2's diagnoses included hypertension, kidney disease, congestive heart failure, and type 2 diabetes. R2's Service Plan titled Addendum A (Section IV-2) dated October 17, 2024, indicated R2 received medication administration, monthly vital signs, daily weights, laundry, linens, housekeeping, and blood glucose monitoring. R2's record included acknowledgement of receiving the Home Care Bill of Rights dated November 21, 2022, however, it lacked written acknowledgement that he received the current Minnesota Bill of Rights for Assisted Living Residents, as required. R3 R3 was admitted to the licensee and began receiving assisted living services on June 1, 2023. R3's diagnoses included hypertension, atrial fibulation, congestive heart failure, and type 2 diabetes. R3's Service Plan titled Addendum A (Section IV-2) dated November 11, 2024, indicated R3 received assistance with dressing, assistance with TED stockings, oxygen support, monthly vital	02240		

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	20074	A. BUILDING: _____ B. WING _____	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02240	Continued From page 33 signs, twice weekly weights, laundry, linens,and housekeeping. R3's record included acknowledgement of receiving the Home Care Bill of Rights dated May 9, 2023, however, it lacked written acknowledgement that he received the current Minnesota Bill of Rights for Assisted Living Residents, as required. R4 R4 was admitted to the licensee and began receiving assisted living services on October 6, 2023. R4's chronic pain, anxiety disorder, essential hypertension, atherosclerotic heart disease, major depressive disorder, type 2 diabetes, and polyosteoarthritis. R4 ' s Service Plan titled Addendum A (Section IV-2) dated September 11, 2024, indicated R4 received monthly vital signs, laundry, linens, housekeeping, toileting, medication administration, monthly nail care, and blood glucose monitoring. R4's record included acknowledgement of receiving the Home Care Bill of Rights dated October 6, 2023, however, it lacked written acknowledgement that he received the current Minnesota Bill of Rights for Assisted Living Residents, as required. R5 R5 was admitted to the licensee March 6, 2017, and began receiving assisted living services on August 1, 2021. R5's diagnoses included major depressive	02240		

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	20074	A. BUILDING: _____ B. WING _____	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02240	Continued From page 34 disorder, cardiomegaly, cerebral infarction, essential hypertension, anxiety disorder, and seizures. R5 ' s Service Plan titled Addendum A (Section IV-2) dated August 14, 2024, indicated R5 received monthly vital signs, laundry, linens, weekly shower, dressing, transfer assist, medication administration, activity reminders, and monthly nail care. R5's record included acknowledgement of receiving the Home Care Bill of Rights dated February 27, 2017, however, it lacked written acknowledgement that he received the current Minnesota Bill of Rights for Assisted Living Residents, as required. On November 14, 2024, at 9:57 a.m., licensed assisted living director (LALD)-C stated, "I ' m sure we have an Assisted Living Bill of Rights. I can start downloading now." Surveyors did not receive any requested Assisted Living Bill of Rights by the close of survey. The Bill of Rights policy dated February 15, 2000, and revised August 2021, indicated, "[Licensee] ensures that each resident receives a copy of the appropriate Assisted living Bill of Rights that is current and applicable to our services. All of our staff receive training about the bill of rights and are expected to adhere to these rights." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02240		

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

Type: Full
Date: *11/13/24*
Time: 12:31:27
Report: 7930241224

Food and Beverage Establishment Inspection Report

Location:
Annandale Care Center
600 Park Street East
Annandale, MN55302
Wright County, 86

Establishment Info:
ID #: 0038608
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3202743737
ID #:

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

The following orders were issued during this inspection.

3-600 Food Identity

3-602.11A

MN Rule 4626.0435A Label all food packaged in the food establishment as specified in law.

ALL PACKAGED FOOD ITEMS IN THE GRAB AND GO COOLER (IN THE 700 BUILDING BISTRO) NEED TO BE PROPERLY LABELED (MONSTER ENERGY BITES, CAKES, BARS & JENNIFER ANISTON SALAD). AT TIME OF INSPECTION FOODS WERE LABELED WITH NAME & DATE. FACT SHEET EMAILED.

Comply By: 11/14/24

Surface and Equipment Sanitizers

Hot Water: = at 170.1 Degrees Fahrenheit
Location: DISHWASHER FINAL RINSE CYCLE (700 KITCHEN)
Violation Issued: No

Lactic Acid: = 704PPM at Degrees Fahrenheit
Location: SANITIZER BUCKET--ACROSS FROM THE COOKLINE (700 KITCHEN)
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: AMBIENT TEMPERATURE (600 SERVING KITCHEN)

Violation Issued: No

Process/Item: Upright Cooler
Temperature: 33 Degrees Fahrenheit - Location: MILK (660 SERVING KITCHEN)
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Steam Table
Temperature: 162 Degrees Fahrenheit - Location: PEPPER STEAK (700 KITCHEN)
Violation Issued: No

Process/Item: Steam Table
Temperature: 167 Degrees Fahrenheit - Location: RICE (700 KITCHEN)
Violation Issued: No

Process/Item: Steam Table
Temperature: 183 Degrees Fahrenheit - Location: GREEN BEANS (700 KITCHEN)
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 40 Degrees Fahrenheit - Location: CHICKEN SALAD (700 KITCHEN)
Violation Issued: No

Process/Item: Hot Holding
Temperature: 159 Degrees Fahrenheit - Location: BAKED ZITI HOTDISH--HOT HOLDING UPRIGHT UNIT (700 KITCHEN)
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: HAM--DRAWER UNDER FLAT TOP GRILL (700 KITCHEN)
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 38 Degrees Fahrenheit - Location: SLICED TOMATOES (700 KITCHEN)
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 39 Degrees Fahrenheit - Location: CANADIAN BACON (700 KITCHEN)
Violation Issued: No

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

ANNANDALE CARE CENTER ASSISTED LIVING CONSISTS OF THE 600, 660 AND 700 BUILDINGS.

ALL FOOD IS MADE IN THE 700 KITCHEN AND SERVED IN THE 600, 660 AND 700 SERVING KITCHENS / SERVING AREAS.

Type: Full
Date: *11/13/24*
Time: 12:31:27
Report: 7930241224
Annandale Care Center

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 7930241224 of 11/13/24.

Certified Food Protection Manager: EMILY E. LINDENFELSER

Certification Number: 122221 Expires: 04/05/27

Inspection report reviewed with person in charge and emailed.

Signed:_____
Establishment Representative

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