Electronically Delivered

July 24, 2025

Licensee
Regina Assisted Living
1008 1st Street West
Hastings, MN 55033

RE: Project Number(s) SL30246016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 21, 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 . . ."

**IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

**St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00**
**St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - $500.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**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**

**REQUESTING A HEARING**
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
**https://forms.web.health.state.mn.us/form/HRDAppealsForm**

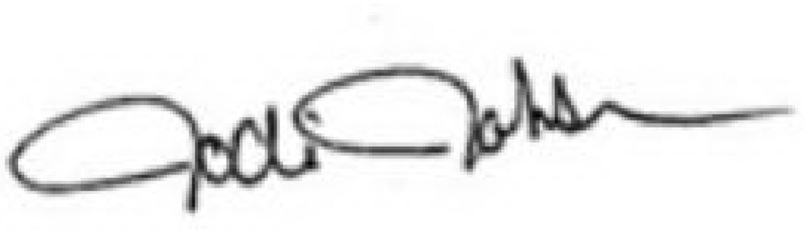
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,



Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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 |
|---|---|---|---|
| | 30246 | A. BUILDING: _____ B. WING _____ | 05/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| REGINA ASSISTED LIVING | 1008 1ST STREET WEST HASTINGS, MN 55033 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| 0 000 | Initial Comments<br><br>***ATTENTION***<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL30246016-0<br><br>On May 19, 2025, through May 21, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 103 residents; 99 receiving services under the Assisted Living Facility with Dementia Care 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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<br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(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;<br>(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;<br>(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;<br>(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;<br>(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<br><br>allowed provided the facility keeps them clean and in good condition;<br>(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<br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>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).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 20, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer | 0 480 | | |

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| 0 480 | Continued From page 3<br>to the FBEIR for any compliance dates. | 0 480 | | |
| 0 775 SS=F | 144G.45 Subd. 2. (a) Fire protection and physical environment<br><br>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to comply with the current State Fire Code in Minnesota Rules, chapter 7511. This had the potential to directly affect all residents, staff, and visitors.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>Findings include:<br>On May 20, 2025, from 10:30 a.m. to 2:30 p.m., the surveyor toured the facility with environmental services director (EVS)-E and head engineer (HE)-K. During the tour, the surveyor observed:<br><br>SMOKE ALARMS:<br>Hard-wired smoke alarms in several resident rooms was over 10 years past the manufacturer date. Per MN State Fire Code and manufacturer's instructions, single- and multiple-station smoke alarms shall be replaced when they exceed ten years from the date of manufacture. All smoke | 0 775 | | |

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| 0 775 | Continued From page 4<br>alarms shall be replaced with smoke alarms having the same type of power supply.<br><br>During a facility tour on May 20, 2025, at 1:30 p.m., EVS-E/HE-K, verified the above listed observations while accompanying on the tour. EVS-E stated that the alarms were tested, and batteries replaced on an annual bases by a third party contractor.<br>TIME PERIOD FOR CORRECTION: Two (2) day. | 0 775 | | |
| 0 780 SS=F | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment<br><br>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br>(1) for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;<br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;<br>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and<br>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; | 0 780 | | |

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| 0 780 | Continued From page 5<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to provide smoke alarms that were interconnected so that the actuation of one alarm caused all alarms in the dwelling unit to actuate. This had the potential to directly affect all residents, staff, and visitors.<br><br>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).<br><br>Findings include:<br><br>INTERCONNECTION<br>On May 20, 2025, from 10:30 a.m. to 2:30 p.m., the surveyor toured the facility with environmental services director (EVS)-E and head engineer (HE)-K. During the tour, the surveyor observed:<br><br>Hard-wired smoke alarms in resident room 512 was not interconnected with hard-wired alarms in the bedrooms. Smoke alarms were not interconnected so activation of one alarm activates all alarms throughout the facility<br><br>During a facility tour on May 20, 2025, at 1:30 p.m., EVS-E/HE-K, verified the above listed observations while accompanying on the tour.<br>TIME PERIOD FOR CORRECTION: Two (2) day | 0 780 | | |

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| 0 810 SS=F | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(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.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(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.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record | 0 810 | | |

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| 0 810 | Continued From page 7<br><br>review, the licensee failed to develop the fire safety and evacuation plan with the required content. This had the potential to directly affect all residents, staff, and visitors.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>During facility tour on May 20, 2025, from 10:30 a.m. to 2:30 p.m., surveyor observed the fire safety and evacuation plan was not located in a central location for staff, residents and visitor accessibility. Facility has multiple FSEP binders in various locations throughout the facility.<br><br>May 20, 2025, from 10:30 a.m. to 2:30 p.m., with environmental services director (EVS)-E and head engineer (HE)-K; provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.<br><br>UNIQUE AND UNUSUAL RESIDENT NEEDS:<br>The facility uses an electronic care plan website for standard resident evacuation procedures. The FSEP does not include instructions on how to use or what do in the loss of power/internet event for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents.<br><br>On May 20, 2025, at 1:30 p.m., EVS-E/HE-K | 0 810 | | |

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| 0 810 | Continued From page 8<br><br>stated they understood the areas of their policy that were incomplete and would work on bringing them into compliance.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 0 810 | | |
| 01910 SS=D | 144G.71 Subd. 22 Disposition of medications<br><br>(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.<br>(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.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medication including the medication's prescription number, as applicable, and to whom the medications were given for one of one discharged resident (R1). | 01910 | | |

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| 01910 | Continued From page 9<br><br>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).<br><br>The findings include:<br><br>R1 started receiving services from the facility on June 14, 2023.<br><br>R1's discharge notes dated March 26, 2025, at 2:58 p.m., indicated R1 received assistance with medication management, and R1 was moving to a higher level of care closer to their family. The note indicated the licensee have given all medications to the family.<br><br>R1's record included a disposition of medication form dated March 25, 2025, and included the name of the medication, quantity, and the names of individuals involved in the disposition. R1's record lacked documentation of the prescription number (Rx) upon R1's discharge from the facility as required.<br><br>The licensee's Medication Disposal and Med Safe policy last updated 2021, indicated 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. | 01910 | | |

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| REGINA ASSISTED LIVING | 1008 1ST STREET WEST HASTINGS, MN 55033 |

| (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 |
|---|---|---|---|---|
| 01910 | Continued From page 10<br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01910 | | |
| 02040 SS=F | 144G.81 Subdivision 1 Fire protection and physical environment<br><br>An assisted living facility with dementia care must meet the requirements of section 144G.45 and the following additional requirements:<br>(1) an assessment of safety risks must be performed on and around the property. The safety risks identified by the facility on the assessment must be mitigated to protect the residents from harm. The mitigation efforts must be documented in the facility's records; and<br>(2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to conduct mitigation for hazard vulnerability or safety risk assessment on or around the facility property. This had the potential to directly affect all residents, staff, and visitors.<br><br>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 residents). | 02040 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30246 | A. BUILDING: _____ B. WING _____ | 05/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REGINA ASSISTED LIVING | 1008 1ST STREET WEST HASTINGS, MN 55033 |

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|---|---|---|---|---|
| 02040 | Continued From page 11<br><br>The findings include:<br>During record review on May 20, 2025, from 10:30 a.m. to 2:30 p.m., with licensed assisted living director (LALD)-A. The licensee failed to provide mitigation for the hazards on the hazard vulnerability assessment (HVA). Facility did have a HVA completed with percentages assigned to each vulnerability, the assessment was missing mitigations to take when and if those hazards happened.<br><br>On May 20, 2025, at 1:30 p.m. LALD-A stated they understood the requirements and would implement mitigations for hazards identified on HVA.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 02040 | | |
| 02310 SS=F | 144G.91 Subd. 4 (a) Appropriate care and services<br><br>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for storage of oxygen for R5. This had the potential to affect all residents, staff, and visitors of the facility.<br><br>This practice resulted in a level two violation (a | 02310 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30246 | A. BUILDING: _____ B. WING _____ | 05/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REGINA ASSISTED LIVING | 1008 1ST STREET WEST HASTINGS, MN 55033 |

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|---|---|---|---|---|
| 02310 | Continued From page 12<br><br>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).<br><br>The findings include:<br><br>R5 was admitted to the assisted living facility on January 3, 2025, with a diagnosis of atrial flutter, chronic obstructive pulmonary disease (lung disease making it difficult to breathe) and depressive disorder.<br><br>R5's Service Plan dated April 17, 2025, included the service of oxygen management.<br><br>On May 20, 2025, at 10:00 a.m., the surveyor observed ULP-J assisting R5 with medication management. ULP-J gave R5 her oral medication in her room and then wheeled R5 into her bathroom to administer creams. R5's room contained an oxygen concentrator and 17 cylinders of oxygen. Nine cylinders were secured in a rack and eight cylinders were not secured.<br><br>On May 20, 2025, at 11:00 a.m., director of nursing (DON)-B stated the facility manages safe storage of oxygen, but sometimes the supplier was not timely in picking up the old cylinders resulting in too many in the resident room.<br><br>The licensee's Safe Oxygen Use and Storage Policy last updated April 23, 2024, indicated the nurse will ensure the resident has an appropriate storage cart or stand for the oxygen cylinder and educate the resident, the resident's family and resident's representative about safe use and | 02310 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30246 | A. BUILDING: _____ B. WING _____ | 05/21/2025 |

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|---|---|---|---|---|
| 02310 | Continued From page 13<br>storage of oxygen.<br><br>Minnesota Department of Health (MDH) internal document titled, Oxygen Cylinder Storage Requirements, dated April 16, 2020, which was based on the National Fire Protection Association, Standard 99 (NFPA 99), Health Care Facilities Code states:<br>Volumes between 300 ft³ and 3000 ft³ of oxygen must be stored in special designated rooms that meet the following requirements:<br>-Rooms must be non-combustible or limited-combustible construction (gypsum wallboard, tiled walls, etc.) with a door that can be secured from unauthorized entry (i.e., Locked).<br>-Oxygen may not be stored with other flammable gases or liquids.<br>-Oxygen cylinders must maintain a minimum distance of 20 ft. from combustibles (5 ft. if room is sprinkler) or placed within an enclosed cabinet having a fire rating of at least ½ hour.<br>-Cylinders must be secured in racks or by chains.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days | 02310 | | |

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

Regina Assisted Living
1008 1st Street West
Hastings, MN 55033
Dakota County
Parcel:

Phone:

## License Info

License: HFID 30246

Risk:
License:
Expires on:
CFPM: Alexis Wagnar
CFPM #: FM118885; Exp: 9/6/2026

## Inspection Info

Report Number: F1043251033
Inspection Type: Full - Single
Date: 5/20/2025 Time: 10:00:00 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 3
Total Priority 2 Orders: 1
Total Priority 3 Orders: 2
Delivery: Emailed

**! New Order: 3-300B Protection from Contamination: cross-contamination, eggs**

3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*

*MN Rule 4626.0235A(1)* Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

COMMENT: READY-TO-EAT HAM STORED UNDERNEATH RAW MEAT (FISH, PORK, CHICKEN) IN WALK IN COOLER. ADVISED STAFF TO STORE READY-TO-EAT FOODS AT TOP. CORRECTED ON SITE. COMPLY WITH ABOVE RULE.

*Comply By: 5/20/2025 Originally Issued On: 5/20/2025*

**! New Order: 3-300B Protection from Contamination: cross-contamination, eggs**

3-302.11A(2) *Priority Level: Priority 1 CFP#: 15*

*MN Rule 4626.0235A(2)* Separate types of raw animal foods from other raw animal foods during storage, preparation and display based on cook temperature.

COMMENT: RAW CHICKEN STORED OVER RAW FISH AND PORK IN WALK IN COOLER. ADVISED STAFF TO STORE CHICKEN AT BOTTOM. CORRECTED ON SITE. COMPLY WITH ABOVE RULE.

*Comply By: 5/20/2025 Originally Issued On: 5/20/2025*

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

3-501.16A2 *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: CANTALOUPE IN EXPO COLD WELL MEASURED 46F. PER STAFF, FOOD WAS PLACED IN COLD WELL FOR BREAKFAST AROUND 0730. ADVISED STAFF TO DISCARD LEFTOVERS AFTER 4 HOURS OF COLD HOLDING STORAGE. COMPLY WITH ABOVE RULE.

*Comply By: 5/20/2025 Originally Issued On: 5/20/2025*

**New Order: 5-200C Plumbing: Maintenance, fixture location**

5-205.11AB *Priority Level: Priority 2 CFP#: 10*

*MN Rule 4626.1110AB* The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

COMMENT: TABITHA KITCHENETTE HAS A TWO-COMPARTMENT SINK WITH A FAUCET-MOUNTED EYEWASH STATION - ONE SIDE OF THE SINK IS USED FOR HANDWASHING. ADVISED STAFF TO REMOVE EYEWASH STATION TO AN ALTERNATIVE, APPROVED AREA, INSTALL A DEDICATED HANDWASHING SINK, AND/OR INSTALL A HANDWASHING SINK THAT IS SEPARATE FROM THE EYEWASH STATION WHEN EQUIPMENT FAILS OR WHEN FACILITY REMODELS. COMPLY WITH ABOVE RULE.

*Comply By: 5/20/2025 Originally Issued On: 5/20/2025*

**New Order: 6-300 Physical Facility Numbers and Capacities**
6-301.14A *Priority Level: Priority 3 CFP#: 10*
*MN Rule 4626.1457* Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: REMINDER SIGN MISSING AT HANDWASHING SINKS AT PAULINE AND TABITHA KITCHENETTES. ADVISED STAFF TO POST. POSTER PROVIDED WITH REPORT. COMPLY WITH ABOVE RULE.
*Comply By: 5/20/2025 Originally Issued On: 5/20/2025*

**New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control**
6-501.11 *Priority Level: Priority 3 CFP#: 55*
*MN Rule 4626.1515* Maintain the physical facilities in good repair.
COMMENT: EXPOSED CONCRETE OBSERVED ON FLOOR UNDERNEATH COUNTERTOP BESIDE FRIDGE AT TABITHA KITCHENETTE. ADVISED STAFF TO PROVIDE FLOORING - MUST BE SMOOTH, DURABLE, AND EASILY CLEANABLE. PER STAFF, POSSIBLE FUTURE PLAN IS TO USE THE SPACE FOR A DISH MACHINE. COMPLY WITH ABOVE RULE.
*Comply By: 5/20/2025 Originally Issued On: 5/20/2025*

# Food & Beverage General Comment

Inspection was completed with Tracey Fearon as the lead Health Regulation Division Nurse Evaluator completing the site survey and Alexis Wagner and Dori Mutch.

Discussed highly susceptible populations, date marking, illness policy, sanitizer use, ware washing, temperature control, cleaning, pest control, vomit/fecal procedures, test kits, food storage, and food handling procedures.

This facility has a main commercial kitchen and two residential kitchenettes (Pauline and Tabitha). Pauline is located upstairs and Tabitha is located on the same level as the main kitchen. Both kitchenettes have residential equipment (stove and fridge), wooden cabinetry and baseboard, and laminated flooring. Utensil surface temperature of dish machine must reach at least 160F degrees.

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling.

TEMPERATURES (F):
STEAM WELL: BEANS 154
COLD DRAWER: SAUSAGE 41, CHEESE 41, HAM 41
COOLING: OATMEAL 90 (1 HR)
COOK LINE PREP COOLER: TOMATO 41, CHEESE 41
SOUP WELL: SOUP 145
EXPO PREP COOLER: EGG SALAD 41, LETTUCE 41, TOMATO 41
EXPO REACH IN COOLER: CHEESE 41, SALAD 41
EXPO COLD WELL: CANTALOUPE 46*
WALK IN COOLER: RICE 41, CHEESE 41, TURKEY 41
BEVERAGE STATION REACH IN COOLER: MILK 41
FRIDGE: MILK 41 (PAULINE)
FRIDGE: MILK 41 (TABITHA)

SANITIZER (SINK & SURFACE LACTIC ACID PPM):
MAIN KITCHEN SANI BUCKET: 704, 704
MAIN KITCHEN 3 COMP SINK: 704
PAULINE SANI BUCKET: 704
TABITHA SANI BUCKET: 704

UTENSIL SURFACE TEMPERATURE (F) OF MAIN KITCHEN DISH MACHINE

MAIN KITCHEN DISH MACHINE: 163

***If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455***

**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 F1043251033 from 5/20/2025**

Alexis Wagner
Culinary Director

Blia Lor,
Public Health Sanitarian 1
651-355-0641
blia.lor@state.mn.us