Electronically Delivered

October 9, 2024

Licensee
Synergycare LLC
16333 Finch Way West
Rosemount, MN 55068

RE: Project Number(s) SL37696015

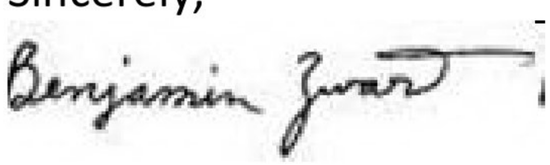
Dear Licensee:

On August 6, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the February 16, 2024, survey and the May 15, 2024, follow-up survey were corrected. The August 6, 2024, follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,



Benjamin J. Zwart, P.E., Supervisor
State Engineering Services Section
Health Regulation Division
Email: Benjamin.Zwart@state.mn.us
Telephone: 651-201-3715 Fax: 1-866-890-9290

JMD

Electronically Delivered

June 13, 2024

Licensee
Rejuvn Care LLC
16333 Finch Way West
Rosemount, MN 55068

RE: Project Number(s) SL37696015

Dear Licensee:

On May 15, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on May 15, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the February 16, 2024 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on February 16, 2024, found not corrected at the time of the May 15, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0830-Local Laws Apply-144g.45 Subd. 3

The details of the violations noted at the time of this follow-up survey completed on May 15, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is

substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

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

We urge you to review these orders carefully. If you have questions, please contact Tim Hanna at 507-208-8982.

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

Sincerely,

Tim Hanna, Supervisor
State Engineering Services Section
Health Regulation Division
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 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
	37696	A. BUILDING: _____ B. WING _____	R 05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REJUVN CARE LLC	16333 FINCH WAY WEST ROSEMOUNT, MN 55068

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{0 000}	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL37696015-1 On May 14, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed February 13, 2024. At the time of the survey, there were zero (0) active resident receiving services under the Assisted Living license. As a result of the revisit, the following orders were reissued.	{0 000}		
{0 830} SS=E	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee	{0 830}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REJUVN CARE LLC	16333 FINCH WAY WEST ROSEMOUNT, MN 55068

(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
{0 830}	Continued From page 1 failed to submit a MDH engineering services plan review application for a facility remodeling project. This had the potential to directly affect more than a limited number of residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On May 14, 2024, at 8:38 a.m., survey staff emailed the licensee requesting an update on physical environment corrections completed since the initial survey on February 13, 2024. On May 15, 2024, at 8:57 a.m., the licensee provided the following information: 1. We were not aware that we were supposed to submit a plan review application. We verified with the City of Lakeville and they confirmed that we did not need any permit for our remodeling project. Looking at the application now, it asks to give updates one month into the project. 2. Photos were emailed showing new smoke alarm installations, the licensee confirmed these new smoke alarms were interconnected so that actuation of one alarm causes all alarms in the dwelling unit to operate. 3. Photos were emailed showing portable fire extinguisher installations. 4. Photos were emailed showing new covers had been installed on two electrical wall outlets and posted emergency floor plans.	{0 830}		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REJUVN CARE LLC	16333 FINCH WAY WEST ROSEMOUNT, MN 55068

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{0 830}	Continued From page 2 5. An update on the kitchen remodeling project was provided: a. The remodeling is complete. b. Rejuvn Care decided to hold off on new appliances as the current ones are still in working order. c. Surfaces replaced: repainted kitchen, sanded and repainted kitchen cabinets, replaced floor with vinyl plank flooring.	{0 830}		
{01290} SS=E	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: No further action needed.	{01290}		
{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	{01910}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{01910}	Continued From page 3 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: No further action needed.	{01910}		

Electronically Delivered

March 6, 2024

Licensee
Rejuvn Care LLC
16333 Finch Way West
Rosemount, MN 55068

RE: Project Number(s) SL37696015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 16, 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.

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.

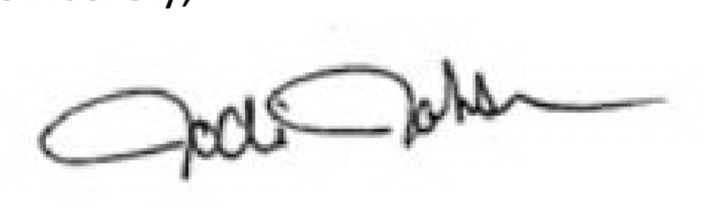
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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,



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
	37696	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REJUVN CARE LLC	16333 FINCH WAY WEST ROSEMOUNT, MN 55068

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL37696015 On February 12, 2024, through February 16, 2024, 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 zero residents; zero receiving services under the Assisted Living 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 License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 830 SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws,	0 830		

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0 830	Continued From page 1 regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to submit a plan review application for a facility remodeling project. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On February 13, 2024, at 2:00 p.m., survey staff toured the home with licensed assisted living director (LALD)-A. During the tour, survey staff observed the following: 1. The doors for the main floor bedrooms and bathroom had been replaced. LALD-A stated the door opening width had been expanded to 36 inches to make these rooms wheelchair accessible. 2. New flooring had been installed in several areas of the home. LALD-A verified carpet had been replaced with laminate flooring. 3. Smoke alarms were not installed in the bedrooms and outside each sleeping area. LALD-A stated new wireless smoke alarms had been purchased and would be installed once the remodeling project was complete. 4. The portable fire extinguishers were not	0 830		

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0 830	Continued From page 2 installed. LALD-A stated the fire extinguishers would be properly installed on the walls once the remodeling project was complete. 5. In basement bedroom 3, a cover was not installed on one electrical wall outlet. LALD-A verified this outlet cover was missing. 6. LALD-A explained the kitchen was in the process of being remodeled and would include replacing appliances. During an interview with survey staff on February 13, 2024, at 2:45 p.m., LALD-A verified the facility was currently completing a remodeling project. TIME PERIOD FOR CORRECTION: Seven (7) days	0 830		
01290 SS=E	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	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01290	Continued From page 3 licensee failed to ensure a background study was submitted and received an affiliation with the assisted living license for two of two employees (unlicensed personnel (ULP)-C and ULP-D). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On February 12, 2024, the surveyor requested evidence of a background study (BGS) for ULP-C and ULP-D. LALD-A provided the following documentation on February 13, 2024. ULP-C ULP-C began providing direct care and services to the licensee's residents under the assisted living facility license on August 1, 2021. ULP-C's employee record contained a background study dated June 10, 2020, for a separate location operated by the licensee's owner. ULP-C's employee record also contained a BGS dated February 12, 2024, for this licensee. ULP-D ULP-C began providing direct care and services to the licensee's residents under the assisted living facility license on August 1, 2021. ULP-D's employee record contained a	01290		

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01290	Continued From page 4 background study dated December 10, 2020, for a separate location operated by the licensee's owner. ULP-C's employee record also contained a BGS dated February 12, 2024, for this licensee. On February 14, 2024, at 2:20 p.m. LALD-A stated ULP-C and ULP-D's background studies had not been affiliated with the licensee until requested by the surveyor on February 12, 2024. The licensee's Recruitment and Hiring policy dated August 1, 2021, indicated: 4. The employment process includes the following: e. The Criminal Background Check will be submitted to Minnesota Department of Human Services (DHS) following the step-by step procedure established by DHS: i. The director or designee is responsible for initiating the criminal background study for new employees No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
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	01910		

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01910	Continued From page 5 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 document in the resident's record the disposition of the medication including the medication's prescription number as applicable, for one of one discharged resident (R3). 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: The discharge resident roster provided by the licensee indicated R3 discharged on July 31, 2023, to another facility. R3's Service Plan dated April 29, 2023, indicated the resident received services including medication administration.	01910		

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REJUVN CARE LLC	16333 FINCH WAY WEST ROSEMOUNT, MN 55068

(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 6 R3's Current Medications at Discharge form dated July 31, 2023, included medications that had been sent with the resident. The document included the medication name, strength, quantity, and signature of the licensee's staff that counted the medications and the person receiving the medications. The document did not include the prescription number for any of the identified medications including allopurinol (for gout), dicyclomine (for irritable bowel syndrome), Eliquis (for atrial flutter), ezetimibe (for high cholesterol), famotidine (for heartburn), gabapentin (for peripheral neuropathy), Humalog KwikPen insulin, midodrine (for low blood pressure), pentoprazole (for heartburn), rosuvastatin (for high cholesterol), sertraline (for depression), sevelamer (to control high blood levels of phosphorus in people with chronic kidney disease who are on dialysis), Stiolto Respimat inhaler (for chronic obstructive pulmonary disease (COPD) symptoms), Toujeo Max Solostar insulin, vitamin B-12 (supplement), acetaminophen (for pain), Baqsimi nasal powder (to raise blood sugar to a normal level), capsaicin cream (for nerve pain), nitroglycerin (as needed for chest pain), oxycodone (a narcotic for severe pain), and oxycodone/acetaminophen (a narcotic for severe pain). On February 14, 2024, at 2:20 p.m. clinical nurse supervisor (CNS)-B stated prescription numbers were not included on the Current Medications at Discharge form, and was unaware of the requirement. The licensee's Disposition and Disposal of Medications policy dated August 1, 2021, indicated: 5. Upon disposition, [licensee name] will	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37696	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REJUVN CARE LLC	16333 FINCH WAY WEST ROSEMOUNT, MN 55068

(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 7 document the following information in the clinical record a. Name, strength and prescription number of medication, as applicable. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		

Type: Full
Date: *02/12/24*
Time: 13:50:07
Report: 1036241024

Food and Beverage Establishment Inspection Report

Location:

Synergycare Llc
16333 Finch Way West
Rosemount, MN55068
Dakota County, 19

Establishment Info:

ID #: 0038069
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6128051118
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

UTENSIL SURFACE TEMP: = at 164 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Ambient Temp
Temperature: 41 Degrees Fahrenheit - Location: KITCHEN FRIDGE
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 5 Degrees Fahrenheit - Location: KITCHEN FREEZER
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS WENDY BUCKHOLZ. INSPECTION CONDUCTED IN PRESENCE OF OKECHUKWU NNAJI, THE PERSON IN CHARGE. ALL VIOLATIONS WERE
DISCUSSED WITH PERSON IN CHARGE DURING INSPECTION.

THIS FACILITY DOES NOT HAVE COMMERCIAL GRADE ANSI EQUIPMENT.
ALL FOOD MUST BE SERVED THE SAME DAY IT IS PREPARED, AND LEFTOVERS CAN NEVER BE SAVED.

THESE ADDITIONAL TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS EXCLUSION

- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- THERMOMETER USE AND CALIBRATION
- ANSI 184 STANDARD FOR RESIDENTIAL DISH WASHER
- PEST MANAGEMENT

FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

**IF ANY RESIDENTS COMPLAIN OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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

I acknowledge receipt of the inspection report number 1036241024 of 02/12/24.

Certified Food Protection Manager: JENNA S. NNAJI

Certification Number: FM108604 Expires: 08/30/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
OKECHUKWU NNAJI
PERSON IN CHARGE

Signed: _____
Jeff Johanson