



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 21, 2024

Licensee

Motivate Home Services / Ava's House

8500 West 28th Street

Saint Louis Park, MN 55426

RE: Project Number(s) SL36445015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 4, 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,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: Jess.Schoenecker@state.mn.us

Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36445	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER MOTIVATE HOME SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 8500 WEST 28TH STREET SAINT LOUIS PARK, MN 55426			
(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: SL36445015-0 On June 3, 2024, through June 4, 2024, the Minnesota Department of Health conducted an intial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 4 residents receiving services under the provider's 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 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 Subd 1 (13) (i) (B) Minimum requirements	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36445	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2024
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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record 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 June 4, 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			

Type: Full
Date: 06/04/24
Time: 13:15:00
Report: 1043241138

Food and Beverage Establishment Inspection Report

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Location:

Ava'S House
8500 West 28th Street
St Louis Park, MN55426
Hennepin County, 27

Establishment Info:

ID #: 0039395
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528480935
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.

3-500B Microbial Control: hot and cold holding

3-501.16A2

**** Priority 1 ****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

TCS FOODS (HAM, LETTUCE, CHEESE, ETC) IN UPSTAIRS COOLER MEASURED 45-49F. AMBIENT TEMPERATURE MEASURED 45F. ADVISED STAFF TO RELOCATE FOODS TO DOWNSTAIRS COOLER UNTIL UPSTAIRS COOLER IS AT 41F OR BELOW. STAFF CORRECTED ON SITE. COMPLY WITH ABOVE RULE.

Corrected on Site

3-500C Microbial Control: date marking

3-501.17B

**** Priority 2 ****

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

OPENED PACKAGE OF CHEESE OBSERVED WITH NO DATE MARKING. ADVISED STAFF TO PROVIDE AND DISCARD LEFTOVERS AFTER 7 DAYS OF OPENING PACKAGE. COMPLY WITH ABOVE RULE.

Comply By: 06/04/24

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Food and Beverage Establishment Inspection Report

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4-200 Equipment Design and Construction

4-204.112A

MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.

PER STAFF, DOWNSTAIRS COOLER IS SOMETIMES USED FOR OVERFLOW OF FOOD FOR CLIENTS. NO THERMOMETER OBSERVED. ADVISED STAFF TO PROVIDE. COMPLY WITH ABOVE RULE.

Comply By: 06/04/24

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

AMBIENT TEMPERATURE OF UPSTAIRS COOLER MEASURED 45F DURING INSPECTION. STAFF ADJUSTED TEMPERATURE KNOB ON SITE AND WAS ADVISED TO MONITOR TEMPERATURE TO 41F OR BELOW OR TO REPAIR/REPLACE COOLER. COMPLY WITH ABOVE RULE. SEE COMMENT.

Comply By: 06/04/24

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.19

MN Rule 4626.1555 Keep the toilet room doors closed except during cleaning and maintenance operations.

BATHROOM DOOR BESIDE KITCHEN OBSERVED OPENED. ADVISED STAFF TO KEEP DOOR CLOSED IN BETWEEN USES TO PREVENT PEST CONTAMINATION. COMPLY WITH ABOVE RULE.

Comply By: 06/04/24

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit

Location: SANI BUCKET

Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit

Location: DISH MACHINE

Violation Issued: No

Food and Equipment Temperatures

Process/Item: HAM

Temperature: 45 Degrees Fahrenheit - Location: UPSTAIRS COOLER

Violation Issued: Yes

Process/Item: LETTUCE

Temperature: 49 Degrees Fahrenheit - Location: UPSTAIRS COOLER

Violation Issued: Yes

Type: Full
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Food and Beverage Establishment Inspection Report

Process/Item: CHEESE Temperature: 45 Degrees Fahrenheit - Location: UPSTAIRS COOLER Violation Issued: Yes
Process/Item: AMBIENT Temperature: 45 Degrees Fahrenheit - Location: UPSTAIRS COOLER Violation Issued: Yes
Process/Item: AMBIENT Temperature: 40 Degrees Fahrenheit - Location: DOWNSTAIRS COOLER Violation Issued: No
Process/Item: AMBIENT Temperature: 40 Degrees Fahrenheit - Location: UPSTAIRS COOLER* Violation Issued: No

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

Inspection was completed with Jessica Gray among others. Elyse Johnson was the lead Health Regulation Division Nurse Evaluator completing the site survey.

On-site food inspection was conducted on 6/4/24. Photo verification of the dish machine test result was provided via email on 6/5/24. Photo verification of the temperature for the upstairs cooler was also provided via email on 6/5/24 and measured at 40F degrees. Per staff via email, food and ambient temperatures from the upstairs cooler may have been due to a cooler cleaning session that occurred prior to the on-site food inspection - temperature of cooler has been in the recommended range of 41F degrees or below since then.

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.

**Foods cooked by the facility staff should be fully cooked and prepared for same day service only with leftovers discarded.

**This facility has a residential kitchen with residential equipment. The kitchen finishes and surfaces are well maintained. Contact Health Regulation Division for plan review when facility undergoes remodeling.

Type: Full
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Food and Beverage Establishment Inspection Report

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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 1043241138 of 06/04/24.

Certified Food Protection Manager: Tenna Christiansen

Certification Number: FM107614 Expires: 08/27/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Jessica Gray
PIC

Signed: 

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