DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

August 31, 2022

Administrator
Beehive Homes Of Lakeville
20159 Iberia Avenue
Lakeville, MN 55044

RE: Project Number(s) SL35127015

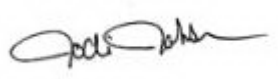
Dear Administrator:

On August 25, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the July 27, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,



Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

HHH

Electronically Delivered

August 10, 2022

Administrator
Beehive Homes Of Lakeville
20159 Iberia Avenue
Lakeville, MN 55044

RE: Project Number(s) SL35127015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on July 27, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

The enclosed State Form documents the state licensing orders. The Department of Health 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 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.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services = 3,000

The total amount you are assessed is $3,000. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 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 the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing 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. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:	Free from Maltreatment reconsideration requests should be addressed to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

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.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 507-344-2730 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35127	A. BUILDING: _____ B. WING _____	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF LAKEVILLE	20159 IBERIA AVENUE LAKEVILLE, MN 55044

(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 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: SL35127015 On, July 25, 2022, through July 27, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 19 residents, all of whom received services under the provider's Assisted Living with Dementia Care license. On July 26, 2022, the immediacy of correction order 2310 has been removed; however, non-compliance remains at a scope and level of I (level 3/widespread).	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (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 comply with Minnesota Food Code, chapter 4626. This had the potential to affect all 19 residents residing at the facility. The findings include: 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). Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated July 26, 2022, for the specific Minnesota	0 480		

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0 480	Continued From page 2 Food Code deficiencies.	0 480		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) and failed to post the 911 emergency number in common areas and near telephones provided by the assisted living facility. 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 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 residents).	0 640		

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0 640	Continued From page 3 The findings include: On July 25, 2022, at approximately 10:00 a.m., the licensee was observed to be lacking posting of the MAARC hotline and 911 in the common areas of the facility. Licensed assisted living director (LALD)-A confirmed the facility did not have the posting, and agreed to post it right away. The licensee's complaint and grievance posting policy dated August 1, 2021, indicated the licensee would post, in a conspicuous place, information about the complaint and grievance procedure. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 640		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.	01760		

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01760	Continued From page 4 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medications were administered as ordered for one of two residents (R5) with records reviewed. 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 July 25, 2022, at 11:30 a.m. unlicensed personnel (ULP)-D was observed to administer R5's 9:00 a.m. medication, stating they always give her medication at this time because she gets up late. R5's diagnoses included dementia, hypertension, and generalized pain. R5's medication administration record (MAR) dated July 2022, included the following medications: metoprolol (used to increase heart function), MiraLAX powder (regulates the bowels), levetiracetam (used as an anti-seizure activity), cranberry oral, (used to prevent urinary tract infection), acetaminophen (used for pain or fever relieve), diltiazem (used for high blood pressure). On July 26, 2022, at 9:30 a.m. registered nurse (RN)-B confirmed R5's medication was	01760		

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01760	Continued From page 5 consistently administered 1 1/2-2 hours late. The licensee's Medication and Treatment administration policy, dated August 1, 2021, indicated medications are to be administered according to the physician's order. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01910 SS=D	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	01910		

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01910	Continued From page 6 licensee failed upon discharge, to document the resident's medication prescription numbers as part of the disposition of the medication, for one of one discharged resident R1. 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). The findings include: R1's record lacked documentation of prescription numbers upon the resident's discharge. R1 was discharged from the licensee on July 20, 2022, to their home. R1's diagnoses included dementia and rectal bleeding. R1's medication administration record (MAR) dated July 2022, included the following medications: B complex vitamins (supplement), Vitamin C (supplement), famotidine (used for acid reflux), Bromide nasal spray (used for seasonal allergies), Magnesium Citrate (supplement), memantine (used for Alzheimer's disease), metoprolol, (used to increase heart function), pantoprazole (used for stomach ulcers), quetiapine (used for depression), Vitamin D (supplement), sulfamethoxazole (used to treat urinary tract infections), Xarelto (used to treat deep vein thrombosis). On July 25, 2022, at 2:35 p.m. registered nurse	01910		

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01910	Continued From page 7 (RN)-C stated they used the medication list and added the number of pills for each medication that was sent with the family. RN-C confirmed the prescription numbers were not included, and was not aware that was a requirement. The licensee's medication disposal policy dated August 1, 2021, indicated upon disposition, the facility must document in the resident's record the disposition of the medication including the prescription number. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
02310 SS=I	144G.91 Subd. 4 Appropriate care and services (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. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure care and services were provided according to acceptable health care and medical or nursing standards for three of three residents (R2, R3, R4) with siderails. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was	02310		

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02310	Continued From page 8 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). This resulted in an immediate correction order on July 25, 2022, at approximately 2:35 p.m. The findings include: R2 R2's diagnoses included dementia. On July 25, 2022, at 2:35 p.m., the surveyor observed bilateral half siderails near the head of R2's bed, one in the up position. The siderails were attached to the bed frame of the hospital style bed. R2's record lacked evidence of a siderail assessment and measurements completed by the licensee. R3 R3's diagnoses included dementia. On July 25, 2022, at approximately 2:50 p.m., the surveyor observed bilateral full siderails near the head and foot of the bed in the down position and secured to the bed frame of the hospital style bed. R3's record lacked evidence of a siderail assessment and measurements completed by the licensee. R4 R4's diagnoses included dementia, anxiety, and leg pain.	02310		

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02310	Continued From page 9 On July 25, 2022, at 3:10 p.m., the surveyor observed bilateral half siderails near the head of the bed in the up position and secured to the bed frame of the hospital style bed. R4's record lacked evidence of a siderail assessment and measurements completed by the licensee. On July 25, 2022, at 2:30 p.m., registered nurse (RN)-C confirmed there were no siderail assessments for any residents, she was aware and was going to correct this week. RN-C stated Leading Age (trade organization) just sent out notification to the facilities and used their template to create a policy and assessment form. RN-C also confirmed they did not have a siderail policy and that she had just created one and did not have a chance to implement yet. The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (space between the rails), should be less than four and three quarters' inches. The Food and Drug Administration (FDA), "A Guide to Bed Safety," revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."	02310		

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02310	Continued From page 10 The licensee's undated Devices and Device Assessment policy indicated such devices will only be used after an assessment has been completed to determine the risks and benefits. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On July 26, 2022, the immediacy was removed as confirmed by surveyor's onsite observations on July 25, 2022, and review by evaluation supervisor on July 26, 2022; however, non-compliance remains at a level 3, widespread scope (I). TIME PERIOD FOR CORECTION: Seven (7) days	02310		

Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *07/26/22*
Time: 11:19:44
Report: 1024221129

Food and Beverage Establishment Inspection Report

Location:
Beehive Home Of Lakeville
20159 Iberia Avenue
Lakeville, MN55044
Dakota County, 19

Establishment Info:
ID #: 0038333
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 9526831299
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.

4-500 Equipment Maintenance and Operation

4-501.114C1 ** Priority 1 **

MN Rule 4626.0805C1 Provide and maintain an approved chlorine chemical sanitizer solution that has a minimum concentration of 50 ppm and a minimum temperature of 75 degrees F (24 degrees C) for water with a pH of 8 or less or a minimum temperature of 100 degrees F (38 degrees C) for water with a pH of 8.1 to 10.

DISHWASHING MACHINE MEASURED 0 PPM TWICE. OBSERVED BOTTLE OF SANITIZER TO BE EMPTY. KM REPLACED IT WITH NEW BOTTLE OF SANITIZER AND DISHWASHING MACHINE CONTINUED TO MEASURE 0 PPM. SANITARIAN PRIMED MACHINE AND SANITIZE LEVELS MEASURED 100 PPM.

Comply By: 07/26/22

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

NO TEST KIT TO MEASURE SOLUTION IN SANI SPRAY BOTTLES. EXISTING TEST KITS FOR CHLORINE AND QUATERNARY AMMONIUM EXPIRED IN 2021. PROVIDE AND MAINTAIN.

Comply By: 07/26/22

2-100 Supervision

2-102.12DMN

MN Rule 4626.0033D Post the certified food protection manager certificate.

OBSERVED EXPIRED CFPM CERTIFICATE POSTED. PER KITCHEN MANAGER, HER NEW CERTIFICATE IS AT HOME. ADVISED TO POST ORIGINAL ON SITE AT ALL TIMES.

Comply By: 07/26/22

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.

VENTILATION HOOD WAS LAST SERVICED IN JUNE 2021. ADVISED TO COMPLY AND MAINTAIN EQUIPMENT ACCORDING TO MANUFACTURER'S SPECIFICATIONS.

Comply By: 07/26/22

Surface and Equipment Sanitizers

Chlorine: = 0 PPM at Degrees Fahrenheit
Location: DISHWASHING MACHINE
Violation Issued: Yes

Chlorine: = 0 PPM at Degrees Fahrenheit
Location: DISHWASHING MACHINE
Violation Issued: Yes

Chlorine: = 0 PPM at Degrees Fahrenheit
Location: DISHWASHING MACHINE
Violation Issued: Yes

Chlorine: = 0 PPM at Degrees Fahrenheit
Location: DISHWASHING MACHINE
Violation Issued: Yes

Chlorine: = 100 PPM at Degrees Fahrenheit
Location: DISHWASHING MACHINE
Violation Issued: No

Quaternary Ammonium: = 200 PPM at Degrees Fahrenheit
Location: SANI SPRAY
Violation Issued: No

Quaternary Ammonium: = 200 PPM at Degrees Fahrenheit
Location: 3-COMP SINK SANI
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/EGGS
Temperature: 38 Degrees Fahrenheit - Location: ATOSA COOLER
Violation Issued: No

Process/Item: Cold Holding/MILK
Temperature: 39 Degrees Fahrenheit - Location: ARCTIC AIR COOLER
Violation Issued: No

Food and Beverage Establishment Inspection Report

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

DISCUSSED ALL ORDERS ON REPORT WITH NURSING EVALUATOR TRACEY FEARON. ALSO DISCUSSED ALL ORDERS AND THE FOLLOWING ON SITE WITH KITCHEN MANAGER, KELCI CONTRERAS:
- ALL ORDERS ON REPORT.
- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- REPORTABLE DISEASES.
- HANDWASHING POLICY AND REVIEW.
- VOMIT AND FECAL MATTER CLEAN UP PROCEDURES.
- CFPM.
- THERMOMETER USE.
- THERMOMETER CALIBRATION AND FREQUENCY.
- DATE MARKING AND DISCARD DATE.
- PROPER STACKING ORDER TO AVOID CROSS CONTAMINATION.
- PROPER TEMPERATURES FOR HOT AND COLD HOLDING, REHEATING, AND COOLING.
- ADVISED KITCHEN MANAGER TO ALWAYS PRIME DISHWASHING MACHINE AFTER REPLACING BOTTLE OF SANITIZER. TO ENSURE DISHWASHING MACHINE IS ABLE TO SANITIZE. ALSO ADVISED TO TEST DISHWASHING MACHINE LEVELS DAILY.

- FACILITY HAS INTACT, SMOOTH AND EASILY CLEANABLE FLOORS, WALLS, AND CEILING.

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 1024221129 of 07/26/22.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Signed:_____

KELCI CONTRERAS
KITCHEN MANAGER

Signed:_____

Sheng Yang
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