



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 10, 2025

Licensee
Norris Square
6995 80th Street South
Cottage Grove, MN 55016

RE: Project Number(s) SL25676016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 14, 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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. 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,



Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25676	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2025
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NAME OF PROVIDER OR SUPPLIER NORRIS SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6995 80TH STREET SOUTH COTTAGE GROVE, MN 55016
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL#25676016-0</p> <p>On March 10, 2025, through March 14, 2025, 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 57 residents, all of whom were receiving services under the provider's Assisted Living with Dementia Care license.</p>	0 000	<p>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 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.</p> <p>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.</p> <p>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 pursuant to 144G.31 Subd. 1, 2 and 3.</p>	
0 480 SS=F	<p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter</p>	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 480	<p>Continued From page 1</p> <p>4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>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.</p> <p>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:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated March 11, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	<p>Continued From page 3</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: 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.</p> <p>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).</p> <p>The findings include:</p> <p>On March 13, 2025, from 10:00 p.m. to 1:30 p.m., the surveyor toured the facility with licensed assisted living director (LALD)-A and environmental services director (ESD)-D. During the tour, the surveyor made the following observations of non-compliance with current Minnesota Fire Code provisions:</p> <p>SMOKE ALARMS The hard-wired smoke alarms throughout the facility were over 10 years past the manufacture date.</p> <p>Single- and multiple-station smoke alarms shall be replaced when:</p> <ol style="list-style-type: none"> 1. They fail to respond to operability tests. 	0 775		

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0 775	<p>Continued From page 4</p> <p>2. They exceed ten years from the date of manufacture.</p> <p>Smoke alarms shall be replaced with smoke alarms having the same type of power supply.</p> <p>CARBON MONOXIDE ALARMS Not all resident rooms have carbon monoxide alarms, mechanical room did have a carbon monoxide alarm. Alarm was connected to the fire alarm panel.</p> <p>Mechanical rooms that have fuel fired appliances will be equipped with a carbon monoxide detector connected to the fire alarm panel or each resident living area will have a carbon monoxide alarm in accordance with MN State fire code.</p> <p>During a facility tour on March 13, 2025, at 12:30 p.m., ESD-D, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 775		
0 810 SS=F	<p>144G.45 Subd. 2 (b-f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar</p>	0 810		

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0 810	<p>Continued From page 5</p> <p>emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide required training. This had the potential to directly affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p>	0 810		

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0 810	<p>Continued From page 6</p> <p>On March 13, 2025, licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety training and evacuation drills, for the facility.</p> <p>TRAINING: The licensee failed to provide training to employees on the FSEP upon hire and at least twice per year. Staff does web-based training at the time of hire, LALD-A stated they were using evacuation drills as training. No other training documentation was provided.</p> <p>On March 13, 2025, at 12:30 p.m., LALD-A stated they understood the requirements for training staff and would implement a training program that was compliant with statute requirements.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
01460 SS=D	<p>144G.63 Subdivision 1 Orientation of staff and supervisors</p> <p>(a) All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility, except as provided in paragraph (b).</p> <p>(b) A staff person is not required to repeat the orientation required under subdivision 2 if the staff person transfers from one licensed assisted living facility to another facility operated by the same licensee or by a licensee affiliated with the</p>	01460		

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01460	<p>Continued From page 7</p> <p>same corporate organization as the licensee of the first facility, or to another facility managed by the same entity managing the first facility. The facility to which the staff person transfers must document that the staff person completed the orientation at the prior facility. The facility to which the staff person transfers must nonetheless provide the transferred staff person with supplemental orientation specific to the facility and document that the supplemental orientation was provided. The supplemental orientation must include the types of assisted living services the staff person will be providing, the facility's category of licensure, and the facility's emergency procedures. A staff person cannot transfer to an assisted living facility with dementia care without satisfying the additional training requirements under section 144G.83.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure employees received orientation to assisted living facility licensing requirements and regulations for one of two employees (clinical nurse supervisor (CNS)-B).</p> <p>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).</p> <p>The findings include:</p>	01460		

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01460	<p>Continued From page 8</p> <p>CNS-B had a hire date of October 28, 2024.</p> <p>On March 11, 2025, at 12:30 p.m., CNS-B stated that she began providing assisted living services in her current position on November 4, 2024.</p> <p>CNS-B's training record indicated CNS-B completed the following orientation topics between November 14, 2024 and December 31, 2024:</p> <ul style="list-style-type: none"> - an overview of Assisted Living laws 144G. - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person - handling of emergencies and use of emergency services - principles of person-centered planning/service delivery - a review of the types of assisted living services the employee would be providing and the facility's category of licensure. <p>The record indicated CNS-B completed the above training after beginning to provide assisted living services on November 4, 2024.</p> <p>The licensee's undated Education and Training Policy directed the licensee would offer training to employees to meet regulatory requirements.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01460		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring	01620		

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01620	<p>Continued From page 9</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted a reassessment, not to exceed 14 calendar days after initiation of services for one of three residents (R2).</p> <p>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</p>	01620		

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01620	<p>Continued From page 10</p> <p>a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2 admitted to the licensee on November 8, 2021, and began receiving assisted living services.</p> <p>R2's diagnoses included Alzheimer's disease, asthma, and hyperlipidemia.</p> <p>R2's initial nursing assessment, dated November 9, 2021, and R2's current Service Plan, dated October 1, 2024, indicated R2 received services including bathing, laundry, bed mobility, medication management, and toileting.</p> <p>R2's initial nursing assessment, dated November 9, 2021. The next nursing assessment in R2's record was completed on December 1, 2021, greater than 14 days after the start of services.</p> <p>On March 11, 2025, at 1:00 p.m., clinical nurse supervisor (CNS)-B stated she could not find a 14-day nursing assessment for this resident and a reassessment should be completed within 14 days of initiation of services. CNS-B stated she began employment with the licensee in 2024 and did not know why this assessment was late.</p> <p>The licensee's MN AL Nursing Assessment Policy, dated August 1, 2021, indicated a comprehensive nursing assessment would be completed up to 14 days after start of services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25676	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2025
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NAME OF PROVIDER OR SUPPLIER NORRIS SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6995 80TH STREET SOUTH COTTAGE GROVE, MN 55016
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(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



Type: Full
Date: 03/11/25
Time: 12:58:04
Report: 1036251040

Food and Beverage Establishment Inspection Report

Location:

Norris Square
6995 80th Street South
Cottage Grove, MN55016
Washington County, 82

Establishment Info:

ID #: 0039356
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6517696600
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.

MILK IN THE NORLAKE SERVICE STATION COOLER HAD A TEMPERATURE OF 44 DEGREES F. ITEM DISCARDED ON SITE. ADVISED TO NOT STORE ANY TCS FOODS IN COOLER UNTIL UNIT IS SERVICED AND ABLE TO MAINTAIN PROPER TEMPERATURES.

Comply By: 03/11/25

4-100 Equipment Construction Materials

4-101.11BCDE

MN Rule 4626.0450BCDE Remove all multi-use equipment, utensils, and food storage containers that are not durable, corrosion-resistant, nonabsorbent, smooth, easily cleanable, resistant to pitting, chipping, scratching or not able to withstand repeated warewashing.

2 TONGS, KNIFE, AND SPATULA FOUND WITH PLASTIC DETACHING FROM UTENSIL. ***ITEMS DISCARDED*** REMOVE FROM SERVICE ALL DAMAGED UTENSILS THAT ARE UNCLEANABLE OR MAY CAUSE PHYSICAL CONTAMINATION.

Comply By: 03/11/25

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.

OBSERVED A DAMAGED GASKET SEAL ON THE NORLAKE SERVICE STATION COOLER. REPAIR AND MAINTAIN.

Type: Full
Date: 03/11/25
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Report: 1036251040
Norris Square

Food and Beverage Establishment Inspection Report

Comply By: 04/11/25

Surface and Equipment Sanitizers

UTENSIL SURFACE TEMP: = at 166 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

LACTIC ACID & DDBSA: = 700/1875 at Degrees Fahrenheit
Location: SANITIZER DISPENSER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/MILK
Temperature: 44 Degrees Fahrenheit - Location: NORLAKE SERVICE STATION COOLER
Violation Issued: Yes

Process/Item: Ambient Temp
Temperature: 44 Degrees Fahrenheit - Location: NORLAKE SERVICE STATION COOLER
Violation Issued: Yes

Process/Item: Ambient Temp
Temperature: 35 Degrees Fahrenheit - Location: TRAULSEN COOLER
Violation Issued: No

Process/Item: Cold Hold/SLICE MELON
Temperature: 38 Degrees Fahrenheit - Location: WALK IN COOLER 1
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 39 Degrees Fahrenheit - Location: WALK IN COOLER 2
Violation Issued: No

Process/Item: Ambient Temp
Temperature: -1 Degrees Fahrenheit - Location: WALK IN FREEZER 1
Violation Issued: No

Process/Item: Ambient Temp
Temperature: -3 Degrees Fahrenheit - Location: WALK IN FREEZER 2
Violation Issued: No

Process/Item: Cold Hold/SLICE TOMATO
Temperature: 39 Degrees Fahrenheit - Location: BEVERAGE AIR PREP COOLER TOP
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 35 Degrees Fahrenheit - Location: BEVERAGE AIR PREP COOLER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 39 Degrees Fahrenheit - Location: CONDIMENT COOLER
Violation Issued: No

Type: Full
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Food and Beverage Establishment Inspection Report

Process/Item: Ambient Temp
Temperature: 3 Degrees Fahrenheit - Location: NORLAKE SINGLE DOOR REACH IN FREEZER
Violation Issued: No

Process/Item: Hot Hold/SOUP
Temperature: 171 Degrees Fahrenheit - Location: SOUP WARMER 1
Violation Issued: No

Process/Item: Hot Hold/SOUP
Temperature: 166 Degrees Fahrenheit - Location: SOUP WARMER 2
Violation Issued: No

Process/Item: Hot Hold/LASAGNGA
Temperature: 136 Degrees Fahrenheit - Location: STEAM WELL
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS ROBYN WOOLLEY. INSPECTION CONDUCTED IN PRESENCE OF TREVOR HELMICK, THE PERSON IN CHARGE.

ADDITIONAL TOPICS DISCUSSED WITH THE PERSON IN CHARGE:

- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- HAND WASHING POLICY AND REVIEW.
- GLOVE USAGE.
- NO BHC WITH RTE FOODS.
- THERMOMETER USE AND CALIBRATION.
- DATE MARKING TCS FOODS.
- PEST CONTROL.
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS.

NOTIFY INSPECTOR OF ADDITIONS OR CHANGES TO THE BUILDING, MAJOR EQUIPMENT ADDITIONS, OR CHANGES OF EQUIPMENT DUE TO A MENU CHANGE. THESE ACTIONS MAY REQUIRE A REMODEL PLAN REVIEW.

*ANY CUSTOMER COMPLAINS 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.

Type: Full
Date: 03/11/25
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Report: 1036251040
Norris Square

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the inspection report number 1036251040 of 03/11/25.


Certified Food Protection Manager: TREVOR HELMICK

Certification Number: 52183 Expires: 02/22/28

Inspection report reviewed with person in charge and emailed.

Signed: _____

TREVOR HELMICK
PERSON IN CHARGE

Signed:  _____

Jeff Johanson