Electronically Delivered

July 1, 2025

Licensee
Prairie Senior Cottages of Isanti, LLC
706 6th Avenue Northeast
Isanti, MN 55040

RE: Project Number(s) SL30809016

Dear Licensee:

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

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 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
	30809	A. BUILDING: _____ B. WING _____	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PSC OF ISANTI LLC	706 6TH AVENUE NE ISANTI, MN 55040

(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 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: SL#30809016 On May 12, 2025, through May 14, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 44 residents; 44 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. 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 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 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	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. 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, but was not likely to cause serious injury, impairment, or death), and is 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 12, 2025, 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	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents. 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: On May 13, 2025, the surveyor toured the facility with maintenance (M)-E. The following was observed. 1. The facility is equipped with magnetic locks on the exit doors. M-E confirmed that there was not a switch or button that was able to release the magnetic locking devices from a remote location. The egress control locking system shall have the capability of being unlocked by a signal or switch	0 775		

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0 775	Continued From page 4 from the fire command center, a nursing station, or other approved location. The signal or switch shall directly break power to the lock. 2. A space heater was observed inside resident sleeping unit 225 (building A). The surveyor explained that space heaters are not allowed inside resident rooms in memory care facilities. M-E stated the residents are not allowed to have space heaters in their units. 3. The emergency light outside of resident room 224 (building B) would not operate when tested. The emergency power system shall provide power for not less than 30 minutes and consist of storage batteries, unit equipment, or an on-site generator. 4. Labeled fire doors were held open with wedges in the dining room area in (building A). Propping fire doors in the open position prohibits these doors from closing and positively latching as designed. On May 13, 2025, M-E acknowledged the findings while accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 775		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (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	0 810		

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0 810	Continued From page 5 (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (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. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required training and drills. 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 potential to affect a large portion or all of	0 810		

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0 810	Continued From page 6 the residents). The findings include: On May 13, 2025, maintenance (M)-E provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP failed to include the following: The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. The FSEP included standard resident evacuation procedures but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan included instructions to evacuate residents but did not include any procedures for assisting residents during evacuation nor did it include instructions for staff to follow in case of relocation. On May 13, 2025, M-E stated they understood the areas of their policy that were incomplete and would work on bringing them into compliance. TRAINING: The licensee failed to provide evacuation training to residents at least once per year. M-E lacked documentation showing any training was offered for residents on the fire safety and evacuation plan.	0 810		

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0 810	Continued From page 7 The licensee failed to provide training to employees on the FSEP upon hire and at least twice per year. M-E lacked documentation showing any training was offered to staff. On May 13, 2025, M-E stated they understood the requirements for training residents and staff. DRILLS: The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. Record review of licensee's evacuation drill log, indicated evacuation drills were conducted in April 2025. No other documentation was provided. On May 13, 2025, M-E stated there was no additional documentation to provide. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01470 SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff	01470		

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01470	Continued From page 8 responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication	01470		

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01470	Continued From page 9 access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based interview and record review, the licensee failed to ensure orientation to assisted living facility licensing requirements and regulations included all required content for one of three employees (unlicensed personnel (ULP)-H). 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: During the entrance conference on May 12, 2025, at 10:52 a.m., director of regulatory compliance/clinical nurse supervisor (DRC/CNS)-A stated the licensee was aware of required contents for an employee record. ULP-H began employment on November 18, 2024, to provide direct care services for residents. ULP-H's employee record lacked the following required orientation content: -overview of assisted living statutes -reporting maltreatment of vulnerable adults or minors	01470		

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01470	Continued From page 10 -handling of resident complaints, reporting of complaints, where to report -consumer advocacy services -review of types of assisted living services the employee will provide and provider's scope of license -principes of person-centered planning/service delivery On May 14, 2025, at 10:55 a.m., licensed assisted living director (LALD)-B stated the clinical nurse supervisor (CNS) was responsible for assigning orientation training in Educare (online education platform). LALD-B stated they were not aware that the Educare training modules from ULP-H's previous employment could not be used/transferred due to her previous place of employment not being a sister facility. The licensee's All Staff Assisted Living with Memory Care Orientation policy dated June 1, 2023, indicated all assisted living employees must complete an orientation to assisted living facility licensing requirements and regulations before providing services to residents. At a minimum, orientation must include the following topics: an overview of Minnesota's assisted living law, quality management, handling resident's finance and property, dementia training, and Medicaid funding. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services	02310		

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02310	Continued From page 11 (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 the care and services were provided according to acceptable health care and medical, or nursing standards with regards to safely storing oxygen for one of one resident (R5). 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: During the entrance conference on May 12, 2025, at 10:57 a.m., director of regulatory compliance/clinical nurse supervisor (DRC/CNS)-A stated the licensee provided oxygen management to residents at the facility. On May 13, 2025, at 10:20 a.m., the surveyor observed two (2) unopened oxygen tanks in a corner area of R5's shared room. The tanks were not secured in racks or by chains to prevent them from falling over. On May 13, 2025, at 12:42 p.m., unlicensed	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30809	A. BUILDING: _____ B. WING _____	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PSC OF ISANTI LLC	706 6TH AVENUE NE ISANTI, MN 55040

(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
02310	Continued From page 12 personnel (ULP)-H stated she did not know that oxygen tanks needed to be secured in a stand or cart. On May 13, 2025, at 2:53 p.m., registered nurse (RN)-C stated she was unsure why the tanks were not stored properly in R5's room, all staff had been educated that oxygen tanks need to be stored in a stand or cart. The licensee's Safe Oxygen Use and Storage policy dated August 1, 2021, indicated containers must be secured in a stand or cart so they cannot be knocked over while in use or in storage. The Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, based on the National Fire Protection Association, Standard 99 (NFPA 99), indicated a common hazard in a health care facility is storing and handling compressed oxygen in cylinders. When storing oxygen cylinders, they must be secured in racks or by chains to prevent them from falling over. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Prairie Senior Cottages of Isanti, LLC
706 6TH AVENUE NE
Isanti, MN 55040
Isanti County
Parcel:

Phone: 763-444-4626

License Info

License: HFID 30809
BECKY HOLMGREN
Risk:
License:
Expires on:
CFPM: ABSENT
CFPM #: ; Exp:

Inspection Info

Report Number: F1029251012
Inspection Type: Full - Single
Date: 5/12/2025 Time: 11:21:15 AM
Duration: 120 minutes
Announced Inspection: Yes
Total Priority 1 Orders: 11
Total Priority 2 Orders: 6
Total Priority 3 Orders: 9
Delivery:

New Order: 2-100 Supervision
2-102.12AMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
COMMENT: NO CFPM. REP INSTRUCTED HAVE ESTABLISHMENT EMPLOY CFPM.
Comply By: 5/30/2025 Originally Issued On: 5/12/2025

! **New Order: 2-200 Employee Health**
2-201.11C *Priority Level: Priority 1 CFP#: 3*
MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.
COMMENT: NO EMPLOYEE ILLNESS LOG. REP INSTRUCTED TO MAINTAIN EMPLOYEE ILLNESS LOG.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

! **New Order: 2-300 Personal Cleanliness**
2-301.12A *Priority Level: Priority 1 CFP#: 8*
MN Rule 4626.0070A Food employees must clean their hands and exposed portions of their arms for 20 seconds, using soap in a handwashing sink that is properly equipped.
COMMENT: FOOD SERVICE STAFF RINSED HANDS BETWEEN TASKS RATHER THAN USING SOAP. REP INSTRUCTED TO ENSURE ALL FOOD SERVICE STAFF USE SOAP TO WASH THEIR HANDS EFFECTIVELY.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

! **New Order: 3-100 Food Characteristics: unadulterated**
3-101.11 *Priority Level: Priority 1 CFP#: 13*
MN Rule 4626.0125 Remove all unsafe and adulterated foods from the premises.
COMMENT: SUBSTANTIAL BUILDUP OF MOLD ON OPEN CREAM CHEESE IN COOLER. REP INSTRUCTED TO DISCARD.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

New Order: 3-200B Food Characteristics:Receiving: temperature, condition
3-202.15 *Priority Level: Priority 2 CFP#: 13*
MN Rule 4626.0190 Food packages must be in good condition and must protect the food from adulteration and potential contaminants.
COMMENT: CAN DENTED ON SEAMS. REP INSTRUCTED TO DISCARD. C. BOTULINUM AND THE DANGERS OF BOTULISM TOXIN FORMATION DISCUSSED.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

! **New Order: 3-300B Protection from Contamination: cross-contamination, eggs**
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: NON-PASTEURIZED SHELL EGGS ABOVE READY TO EAT FOODS. REP INSTRUCTED TO MOVE AND TO STACK AND PLACE FOODS IN CORRECT ORDER TO PREVENT CONTAMINATION.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-307.11 *Priority Level: Priority 3 CFP#: 39*
MN Rule 4626.0337 Protect food from miscellaneous sources of contamination.
COMMENT: MOLD ON COMPRESSOR FAN COVERS IN COOLERS AND ON INTERIOR COOLER STORAGE RACKS. REP INSTRUCTED TO CLEAN AND MAINTAIN CLEAN.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A1 *Priority Level: Priority 1 CFP#: 21*
MN Rule 4626.0395A1 Maintain all hot, TCS foods at 135 degrees F (57 degrees C) or above. Roast beef may be held at 130 degrees F (54 degrees C) if cooked in accordance with the specified time and temperature.
COMMENT: WILD RICE SOUP IN HOT HOLDER SINCE FOR ~ 6 HOURS MEASURED IN DANGER ZONE. REP INSTRUCTED TO DISCARD. SAFE COOKING, HOLDING, AND COOLING TIMES AND TEMPERATURES DISCUSSED.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: BUTTER ON COUNTER WITHOUT TIME AS A PUBLIC HEALTH CONTROL IN DANGER ZONE. REP INSTRUCTED TO DISCARD AT SET TIME AND TO DISCONTINUE PRACTICE WITHOUT APPROVED TPHC. REP INDICATED THEY WOULD BE USING MARGARINE GOING FORWARD.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

New Order: 3-500C Microbial Control: date marking
3-501.17B *Priority Level: Priority 2 CFP#: 23*
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.
COMMENT: NO DATE MARK ON OPEN BAG OF SHREDDED CHEESE. REP INSTRUCTED TO DATE MARK REQUIRED ITEMS.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

! **New Order: 3-500D Microbial Control: disposition of food**
3-501.18A *Priority Level: Priority 1 CFP#: 23*
MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.
COMMENT: BAGS OF OPEN SHREDDED CHEESE, CREAM CHEESE, SALAMI, SLICED HAM, AND SHREDDED CHEESE WITH 4/15, 5/1, 4/29, 4/24, AND 5/4 DATE MARKS. REP INSTRUCTED TO DISCARD AND TO NOT EXCEED 7 DAYS OF USAGE AFTER OPENING. L. MONOCYTOGENES AND THE DANGERS OF LISTERIOSIS DISCUSSED.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

! **New Order: 4-100 Equipment Construction Materials**
4-101.11A *Priority Level: Priority 1 CFP#: 47*
MN Rule 4626.0450A Remove all unsafe multi-use equipment, utensils, and food storage containers that impart color, odors or tastes to food.
COMMENT: MULTIPLE NON-STICK COOKING VESSELS WITH SUBSTANTIAL AMOUNTS OF NON-STICK COMPONENT MISSING OR FLECKING OFF. REP INSTRUCTED TO DISCONTINUE USING COOKING VESSELS TO PREVENT THE ADDITION OF NON-STICK MATERIAL THAT MAY IMPART UNINTENDED COLORS, ODORS, OR TASTES TO FOOD.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

New Order: 4-200 Equipment Design and Construction
4-201.11GMN *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.
COMMENT: HOUSE MADE MACARONI SALAD STORED IN COOLER IN BUILDING A (NON-COMMERCIAL KITCHEN) BEYOND SAME-DAY SERVICE WINDOW. REP INSTRUCTED TO DISCARD AND TO ADHERE TO SAME-DAY SERVICE REQUIREMENTS FOR NON-COMMERCIAL EQUIPMENT.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT: NO MIN/MAX THERMOMETER OR THERMAL STICKERS TO VERIFY SANITIZING TEMPS. REP INSTRUCTED TO OBTAIN MEANS TO VERIFY HIGH HEAT SANITIZING.
Comply By: 5/16/2025 Originally Issued On: 5/12/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: QUATERNARY AMMONIUM TEST STRIPS ABSENT. REP INSTRUCTED TO OBTAIN AND MAINTAIN SUPPLY OF TEST STRIPS.
Comply By: 5/16/2025 Originally Issued On: 5/12/2025

New Order: 4-400 Equipment Location and Installation
4-402.11A *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.
COMMENT: SINK NOT SEALED TO WALL IN BUILDING B. REP INSTRUCTED TO SEAL TO WALL TO PREVENT WATER AND MOISTURE BUILDUP IN UNCLEANABLE AREAS.
Comply By: 5/30/2025 Originally Issued On: 5/12/2025

! **New Order: 4-700 Sanitizing Equipment and Utensils**
4-703.11B *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.
COMMENT: COMMERCIAL DISHMACHINE IN BUILDING B FAILED TO REACH 160F ON 1ST CYCLE. REP INSTRUCTED TO RESANITIZE ANY ITEMS THAT RECENTLY WENT THROUGH THE DISHMACHINE AND ENSURE CONSISTENT ADEQUATE SANITIZING TEMPS BEFORE CONTINUED USAGE.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

New Order: 4-900 Protecting Clean Items
4-901.11 *Priority Level: Priority 3 CFP#: 44*
MN Rule 4626.0935 Allow equipment and utensils to air-dry after cleaning and sanitizing; only use cloths that are clean and dry for polishing utensils that have been air dried.
COMMENT: NON-INVERTED EQUIPMENT AND UTENSILS IN DRYING AREA OF BUILDING B. EQUIPMENT AND UTENSILS ON FABRIC DRYING AREA IN BUILDING A. REP INSTRUCTED TO DISCONTINUE PRACTICES TO ALLOW ADEQUATE AIR DRYING.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

New Order: 5-500 Refuse and Recyclables
5-501.16C *Priority Level: Priority 3 CFP#: 54*
MN Rule 4626.1255C Provide a waste receptacle at each handwashing sink or group of handwashing sinks if disposable towels are used.
COMMENT: NO TRASH BINS AT HANDWASHING SINKS. REP INSTRUCTED TO ENSURE TRASH BINS ARE BY HANDWASHING SINKS.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

New Order: 6-100 Physical Facility Construction Materials
6-101.11A1 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1325A1 Provide smooth, durable, and easily cleanable floor, wall and ceiling surfaces.
COMMENT: AREAS FLOORS, WALLS, AND CEILINGS IN BOTH BUILDING A AND B NOT APPROVED FINISHES/MATERIALS FOR FOOD AND BEVERAGE SERVICE. REP INSTRUCTED TO MAINTAIN SANITARY AND PEST FREE. FINISHES/MATERIALS MUST BE BROUGHT INTO COMPLIANCE IF SANITARY PEST FREE CONDITIONS CANNOT BE MAINTAINED OR IF A REMODEL OCCURS.
Comply By: 5/30/2025 Originally Issued On: 5/12/2025

New Order: 6-200 Physical Facility Design and Construction
6-201.13A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1345A Properly cove and seal the wall/floor junctures to no larger than 1/32 inch (1 millimeter).
COMMENT: PROPER INTEGRAL BASE COVE ABSENT IN SOME AREAS. REP INSTRUCTED TO MAINTAIN SANITARY AND PEST FREE. BASE COVE MUST BE BROUGHT INTO COMPLIANCE IF SANITARY PEST FREE CONDITIONS CANNOT BE MAINTAINED OR IF A REMODEL OCCURS.
Comply By: 5/30/2025 Originally Issued On: 5/12/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.11 *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1440 Provide an adequate supply of hand soap at each handwashing sink or group of 2 adjacent handwashing sinks.
COMMENT: SOAP ABSENT AT HANDWASHING SINKS IN BUILDING B. COS. REP INSTRUCTED TO KEEP SOAP AT HANDWASHING SINKS.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.12 *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.
COMMENT: NO PAPER TOWELS AT HANDWASHING SINKS IN BUILDING B. REP INSTRUCTED TO MAINTAIN PAPER TOWEL SUPPLY AT ALL HANDWASHING SINKS.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.14A *Priority Level: Priority 3 CFP#: 10*
MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: HANDWASHING SIGNS ABSENT AT HANDWASHING SINK. REP INSTRUCTED TO POST HW SIGNS AT ALL SINKS THAT FOOD SERVICE STAFF WASH THEIR HANDS AT.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

! **New Order: 7-200 Toxic Supplies and Applications**
7-202.12AB *Priority Level: Priority 1 CFP#: 28*
MN Rule 4626.1610AB Use poisonous or toxic materials according to label directions and MN Statutes chapter 18B. Application must not constitute a hazard to people and contamination of food, equipment, utensils, linens and single-use and single-service articles must be prevented.
COMMENT: DISINFECTANT QUATERNARY AMMONIUM WIPES BEING USED ON FOOD CONTACT SURFACES. REP INSTRUCTED TO DISCONTINUE USING WIPES ON FOOD CONTACT SURFACES. ESTABLISHMENT HAS QUAT DISPENSER ONSITE THAT DISPENSES QUAT AT SANITIZER FOOD CONTACT SURFACE CONCENTRATIONS. REP INSTRUCTED TO USE DISPENSER OR OTHER SANITIZER INTENDED FOR FOOD CONTACT SURFACES.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

! **New Order: 7-300 Toxic Retail Sale**
7-301.11B *Priority Level: Priority 1 CFP#: 28*
MN Rule 4626.1680B Locate poisonous and toxic materials for retail sale in areas that are not above food, equipment, utensils, linens, and single-service and single-use articles.
COMMENT: SPRAY BOTTLE WITH DISINFECTANT HANGING ON DRYING RACK AND POINTED AT EQUIPMENT AND UTENSIL. REP INSTRUCTED TO MOVE AND MAINTAIN CHEMICALS IN A WAY TO PREVENT CONTAMINATION.
Comply By: 5/12/2025 Originally Issued On: 5/12/2025

Food & Beverage General Comment

FOOD AND BEVERAGE INSPECTION CONDUCTED AS PART OF HRD SURVEY OF FACILITY. FOODBORNE ILLNESS RISK FACTORS AND PREVENTION COVERED WITH ESTABLISHMENT REPRESENTATIVE. FOOD SAFETY MATERIALS PROVIDED WITH REPORT.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1029251012 from 5/12/2025

Trevor McCliment

JAMIE USHER
REPRESENTATIVE

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

Prairie Senior Cottages of Isanti, LLC
Isanti
County/Group: Isanti County

Inspection Info

Report Number: F1029251012
Inspection Type: Full
Date: 5/12/2025
Time: 11:21:15 AM

Food Temperature: Product/Item/Unit: WILD RICE SOUP**; Temperature Process:** Hot-Holding
Location: HOT HOLDER BUILDING A at 114 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: WILD RICE SOUP**; Temperature Process:** Hot-Holding
Location: HOT HOLDER BUILDING A at 107 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: BUTTER**; Temperature Process:** Abient Air
Location: ON COUNTER at 74 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: POTATO DELI SALAD**; Temperature Process:** Cold-Holding
Location: RESIDENTIAL COOLER BUILDING A at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: DELI MEATS**; Temperature Process:** Cold-Holding
Location: DANBY RESIDENTIAL COOLER BUILDING A at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: KIELBASA HOT DISH**; Temperature Process:** Cooking
Location: OUT OF OVEN at 208 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: STUFFING**; Temperature Process:** Cooking
Location: OUT OF OVEN at 204 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: BUTTER**; Temperature Process:** Cold-Holding
Location: MAXX COLD 2-DOOR UPRIGHT at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: POTATO SALAD**; Temperature Process:** Cold-Holding
Location: MAXX COLD 2-DOOR UPRIGHT at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** CREAM CHEESE**; Temperature Process:** Cold-Holding
Location: MAXX COLD 1-DOOR UPRIGHT at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** CANNED CARROTS**; Temperature Process:** Cooling
Location: MAXX COLD 1-DOOR UPRIGHT COOLER at 47 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** CHOPPED FRUIT**; Temperature Process:** Cold-Holding
Location: MAXX COLD 1-DOOR UPRIGHT COOLER at 39 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

Prairie Senior Cottages of Isanti, LLC
Isanti
County/Group: Isanti County

Inspection Info

Report Number: F1029251012
Inspection Type: Full
Date: 5/12/2025
Time: 11:21:15 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** COMMERCIAL DISHMACHINE
Location: DISH PIT BUILDING B **Equal To** 156 Degrees F.
Comment: 1ST CYCLE
Violation Issued?: Yes

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: Dishwashing Area **Greater Than** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Greater Than** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** COMMERCIAL DISHMACHINE
Location: DISH PIT BUILDING B **Equal To** 162 Degrees F.
Comment: 2ND CYCLE
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** NSF/ANSI 184 DISHWASHER
Location: BUILDING A **Greater Than** 150 Degrees F.
Comment:
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F1029251012

Food Establishment Inspection Report

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

No. of Risk Factor/Intervention/Violations	10	Date: 5/12/2025
No. of Repeat Risk Factor/Intervention/Violations		Time: 11:21:15 AM
Score (optional)		Dur: 120 min

Establishment:	Address:	City/State:	Zip:	Phone:
Prairie Senior Cottages of Isanti, LLC	706 6TH AVENUE NE	Isanti, MN	55040	763-444-4626
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 30809	BECKY HOLMGREN	Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	OUT	Certified Food Protection Manager		
	Employee Health			
3	OUT	knowledge, responsibiities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
	Good Hygienic Practices			
6	N/O	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	OUT	Hands clean and properly washed		
9	IN	No bare hand contact with RTE foods, alternatives		
10	OUT	Adequate handwashing sinks supplied and access		
	Approved Source			
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	OUT	Food in good condition, safe & unadulterated		
14	N/A	Records available: shellstock tags, parasite dest.		
	Protection From Contamination			
15	OUT	Food separated and protected		
16	OUT	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned,& unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	IN	Proper cooking time & temperatures		
19	N/O	Proper reheating procedures for hot holding		
20	N/O	Proper cooling time and temperature		
21	OUT	Proper hot holding temperatures		
22	OUT	Proper cold holding temperatures		
23	OUT	Proper date marking & disposition		
24	N/A	Time as public health control;procedures & record		
	Consumer Advisory			
25	N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
26	IN	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	N/A	Food additives; approved & properly used		
28	OUT	Toxic substances properly identified;stored;used		
	Conformance with Approved Procedures			
29	N/A	Compliance with variance, specialized processes & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

			COS	R
		Safe Food and Water		
30	N/A	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34	N/O	Plant food properly cooked for hot holding		
35	N/O	Approved thawing methods used		
36		Thermometers provided & accurate		
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present; no unauthorized person		
39	X	Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

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		Proper Use of Utensils		
43		In-use utensils; Properly stored		
44	X	Utensils, equipment & linens; properly stored, dried, handled		
45		Single-use & single-service articles, properly stored and used		
46		Gloves used properly		
		Utensils, Equipment and Vending		
47	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, used; test strips		
49		Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities; properly constructed, supplied & cleaned		
54	X	Garbage & refuse properly disposed; facilities maintained		
55	X	Physical facilities installed, maintained & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing and plan review		

Person in Charge (signature)

Inspector (signature) Trevor McClime

Follow-up: Follow-up Date: