



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 11, 2023

Licensee
Evensong Manor
6264 Yukon Avenue North
Brooklyn Center, MN 55428

RE: Project Number(s) SL30500016

Dear Licensee:

On September 7, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on April 6, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the April 6, 2023 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey completed on April 6, 2023, found not corrected at the time of the September 7, 2023, follow-up survey and/or subject to penalty assessment are as follows:

0480-Minimum Requirements-144g.41 Subd 1 (13) (i) (b)- \$500.00

The details of the violations noted at the time of this follow-up survey completed on September 7, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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.

IMPOSITION OF FINES:

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.

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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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 MDH 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. Requests for hearing may be emailed to:

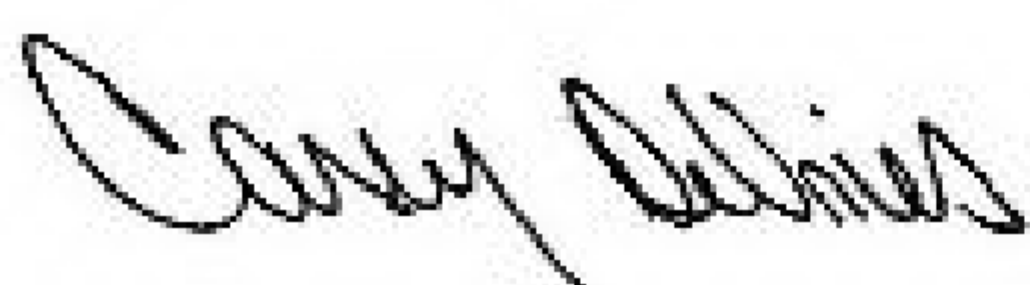
Health.HRD.Appeals@state.mn.us.

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.

We urge you to review these orders carefully. If you have questions, please contact Casey DeVries at 651-201-5917.

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

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/07/2023
NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{0 000}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: SL30500016-2 On September 6, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on June 15, 2023. At the time of the survey, there were three residents, all of whom received services under the Assisted Living license. As a result of the revisit, the following orders were reissued and/or issued.	{0 000}	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.		
{0 470} SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that:	{0 470}			

Minnesota Department of Health

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

TITLE

(X6) DATE

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{0 470}	Continued From page 1 (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: No further action required.	{0 470}		
{0 480} SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and	{0 480}		

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{0 480}	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated September 6, 2023, for the specific Minnesota Food Code deficiencies.	{0 480}			
{0 510} SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision.	{0 510}			

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{0 510}	Continued From page 3	{0 510}			
	This MN Requirement is not met as evidenced by: No further action required.				
{0 550} SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: No further action required.	{0 550}			
{0 580} SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes	{0 580}			

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{0 580}	Continued From page 4 in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: No further action required.	{0 580}			
{0 650} SS=F	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057.	{0 650}			

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{0 650}	Continued From page 5 This MN Requirement is not met as evidenced by: No further action required.	{0 650}			
{0 660} SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: No further action required.	{0 660}			
{0 680} SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;	{0 680}			

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{0 680}	Continued From page 6 (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: No further action required.	{0 680}			
{0 720} SS=C	144G.43 Subd. 2 Access to records The facility must ensure that the appropriate records are readily available to employees and contractors authorized to access the records. Resident records must be maintained in a manner that allows for timely access, printing, or transmission of the records. The records must be made readily available to the commissioner upon request. This MN Requirement is not met as evidenced by: No further action required.	{0 720}			
{0 730} SS=D	144G.43 Subd. 3 Contents of resident record	{0 730}			

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{0 730}	Continued From page 7 Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and	{0 730}			

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{0 730}	Continued From page 8 any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: No further action required.	{0 730}			
{0 780} SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;	{0 780}			

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{0 780}	Continued From page 9	{0 780}			
{0 790} SS=F	This MN Requirement is not met as evidenced by: No further action required. 144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: No further action required.	{0 790}			
{0 800} SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.	{0 800}			

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{0 800}	Continued From page 10 This MN Requirement is not met as evidenced by: No further action required.	{0 800}		
{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) employee 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 emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees 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 employees 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.	{0 810}		

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{0 810}	Continued From page 11	{0 810}			
{0 900} SS=F	This MN Requirement is not met as evidenced by: No further action required. 144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.	{0 900}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 09/07/2023
NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428			
(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
{0 900}	Continued From page 12	{0 900}			
	This MN Requirement is not met as evidenced by: No further action required.				
{01460} SS=F	144G.63 Subdivision 1 Orientation of staff and supervisors 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. This MN Requirement is not met as evidenced by: No further action required.	{01460}			
{01620} SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (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. (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	{01620}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 09/07/2023
NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428			
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{01620}	Continued From page 13 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. (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. This MN Requirement is not met as evidenced by: No further action required.	{01620}			
{02240} SS=C	144G.90 Subdivision 1 Assisted living bill of rights; notification (a) An assisted living facility must provide the resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand. (b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and	{02240}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428		
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{02240}	Continued From page 14 Developmental Disabilities." (c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, email, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint. (d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record. This MN Requirement is not met as evidenced by: No further action required.	{02240}		
{03090} SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced	{03090}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/07/2023
NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428			
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{03090}	Continued From page 15 by: No further action required.	{03090}			

Type: Follow-Up
Date: 09/06/23
Time: 09:30:00
Report: 1031231224

Food and Beverage Establishment Inspection Report

Page 1

Location:

Evensong Manor
6264 Yukon Avenue North
Brooklyn Park, MN55428
Hennepin County, 27

Establishment Info:

ID #: 0038727
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6129400621
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 previously issued between 04/03/23 and 06/14/23 have NOT been corrected.

2-200 Employee Health

2-201.11C

**** Priority 1 ****

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.

REPEAT FROM 4/3/2023 INSPECTION.

ESTABLISHMENT DID NOT HAVE ILLNESS LOG ON SITE. COPY OF LOG SENT WITH REPORT.
PRINT KEEP ILLNESS LOG ON SITE AND UP TO DATE.

Issued on: 04/03/23

Comply By: 04/03/23

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1)

**** Priority 1 ****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

REPEAT FROM 4/3/2023 INSPECTION.

OVSERVED SHELL EGGS STORED OVER MILK. HAD EGGS MOVED TO BOTTOM DRAWER AND VEG MOVED TO TOP.

Issued on: 04/03/23

Comply By: 04/03/23

7-200 Toxic Supplies and Applications

7-201.11A

**** Priority 1 ****

MN Rule 4626.1600A Separate poisonous or toxic materials from food, equipment, utensils, linens, and single-service and single-use articles by spacing or partitioning.

REPEAT FROM 4/3/2023 INSPECTION.

SWEEN N' LOW FOUND STORED UNDER SINK WITH CHEMICALS. HAD STAFF REMOVE

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Evensong Manor

Food and Beverage Establishment Inspection Report

Page 2

PRODUCT FROM UNDER SINK. ALWAYS KEEP CHEMICALS AND FOOD SERARATED.

Issued on: 04/03/23

Comply By: 04/03/23

3-500C Microbial Control: date marking

3-501.17A

**** Priority 2 ****

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared 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.

REPEAT FROM 4/3/2023 INSPECTION.

MULTIPLE OPEN PACKAGES OF DELI MEATS IN REFRIGERATOR NOT DATE MARKED. COMPLY WITH ABOVE RULE.

Issued on: 04/03/23

Comply By: 04/03/23

4-300 Equipment Numbers and Capacities

4-302.12B

**** Priority 2 ****

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

REPEAT FROM 4/3/2023 INSPECTION.

ESTABLISHMENT DOES NOT HAVE A THIN PROBE THERMOMETER.

Issued on: 04/03/23

Comply By: 04/05/23

4-300 Equipment Numbers and Capacities

4-302.13B

**** Priority 2 ****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

REPEAT FROM 4/3/2023 INSPECTION.

ESTABLISHMENT MISSING IRREVERSIBLE MEASURING DEVICE. PROVIDE IRREVERSIBLE MEASURING DEVICE AND MEASURE UTENSIL TEMPERATURE (160F REQUIRED) AT REGULAR INTERVALS. WAX TEST STRIPS LEFT ON SITE.

Issued on: 04/03/23

Comply By: 04/06/23

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.

REPEAT FROM 4/3/2023 INSPECTION.

ESTABLISHMENT DOES NOT HAVE SANITIER TESTING KIT ON SITE. PROVIDE AND USE TEST KIT TO CHECK SANITIZER CONCENTRATION.

Issued on: 04/03/23

Comply By: 04/05/23

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Food and Beverage Establishment Inspection Report

Page 3

4-600 Cleaning Equipment and Utensils

4-601.11A **** Priority 2 ****

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.
REPEAT FROM 4/3/2023 INSPECTION.

CAN OPENER FOUND WITH FOOD DEBRIS ON BLADE/FRONT. CLEAN AND MAINTAIN CLEAN ALL FOOD CONTACT SURFACES.

Issued on: 04/03/23

Comply By: 04/05/23

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
REPEAT FROM 4/3/2023 INSPECTION.

ESTABLISHMENT DOES NOT HAVE A CERTIFIED FOOD PROTECTION MANAGER (CFPM).

Issued on: 04/03/23

Comply By: 04/03/23

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.
REPEAT FROM 4/3/2023 INSPECTION.

LEFT REFRIGERATOR DOOR INTERIOR CLOSER NOT FUNCTIONAL CAUSING REFRIGERATOR TO NOT SEAL PROPERLY. REPAIR/PEPLACE CLOSER OR REPLACE REFRIGERATOR.

Issued on: 04/03/23

Comply By: 04/10/23

4-600 Cleaning Equipment and Utensils

4-601.11B

MN Rule 4626.0840B Maintain the food contact surfaces of cooking equipment and pans free of encrusted grease deposits and other soil accumulations.
REPEAT FROM 4/3/2023 INSPECTION.

OVEN INTERIOR FOUND WITH ENCRUSTED FOOD DEBRIS THROUGHOUT CAVITY AND ON GLASS. CLEAN AND MAINTAIN CLEAN.

Issued on: 04/03/23

Comply By: 04/17/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.111ABD

MN Rule 4626.1565ABD Provide control of insects, rodents, and other pests by routinely inspecting incoming food and supply shipments; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.
REPEAT FROM 4/3/2023 INSPECTION.

PEST DROPPINGS FOUND ON COUNTERS AND FLOOR OF KITCHEN. ***SANITIZE KITCHEN FOOD CONTACT SURFACES PRIOR TO USING KITCHEN.*** REMOVE ALL ITEMS FROM

Type: Follow-Up
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Food and Beverage Establishment Inspection Report

Page 4

UNDER KITCHEN DESK AND KITCHEN SINK TO REDUCE HARBORAGE CONDITIONS.

Issued on: 04/03/23

Comply By: 04/17/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.114AB

MN Rule 4626.1580AB Remove all items unnecessary to the operation or maintenance of the establishment and litter from the premises.

REPEAT FROM 4/3/2023 INSPECTION.

REMOVE TOOLS FROM KITCHEN DRAWERS AND CONSOLIDATE IN KITCHEN DESK AREA ONLY. REMOVE ANY ITEMS NOT NEEDED FROM KITCHEN. REMOVE CAT LITTER BOXES FROM ESTABLISHMENT.

Issued on: 04/03/23

Comply By: 04/17/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

REPEAT FROM 4/3/2023 INSPECTION.

CLEAN BEHIND KITCHEN GARBAGE CAN. REMOVE ALL ITEMS FROM UNDER KITCHEN SINK AND THOROUGHLY CLEAN UNDER SINK. REPAIR MOUSE HOLE ON RIGHT SIDE OF SINK CABINET. SEAL ANY OTHER OPENINGS BELOW SINK.

Issued on: 04/03/23

Comply By: 04/10/23

7-200 Toxic Supplies and Applications

7-204.11

**** Priority 1 ****

MN Rule 4626.1620 Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.

REPEAT FROM 6/15/2023 INSPECTION.

SANITIZER SPRAY BEING USED ON FOOD CONTACT SURFACES MEASURED > 200PPM. MAKE SANITIZER WATER AND CHECK WITH SANITIZER TEST STRIP BEFORE USE.

Issued on: 06/14/23

Comply By: 06/15/23

5-200C Plumbing: Maintenance, fixture location

5-205.11AB

**** Priority 2 ****

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

REPEAT FROM 6/15/2023 INSPECTION.

HANDWASH SINK BASIN BLOCKED BY DIRTY DISHES. HAS STAFF CLEAR BASIN.

Issued on: 06/14/23

Comply By: 06/15/23

Type: Follow-Up
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Evensong Manor

Food and Beverage Establishment Inspection Report

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Chlorine: > 200 at Degrees Fahrenheit
Location: Sanitizer Spary
Violation Issued: Yes

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		4	6	6

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

I acknowledge receipt of the Environmental Health inspection report number 1031231224 of 09/06/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed:_____
Yasmin Mohamed
Person in Charge

Signed:_____
Chris Foster
Public Health Sanitarian II
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us

Report #: 1031231224

DEPARTMENT OF HEALTH

Environmental Health

Food, Pools, and Lodging

625 Robert St. N

St. Paul

No. of RF/PHI Categories Out

6

No. of Repeat RF/PHI Categories Out

6

Legal Authority MN Rules Chapter 4626

Date

09/06/23

Time In

09:30:00

Time Out

Evensong Manor

Address

6264 Yukon Avenue North

City/State

Brooklyn Park, MN

Zip Code

55428

Telephone

6129400621

License/Permit #

0038727

Permit Holder

Purpose of Inspection

Follow-Up

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

IN=in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS=corrected on-site during inspection R= repeat violation

Compliance Status

COS

R

Supervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

X

Employee Health

3

IN

OUT

Mgmt/Staff;knowledge,responsibilities&reporting

X

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

X

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

X

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

X

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

X

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

X

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or proceeedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) 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" 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

IN

OUT

N/A

Pasteurized eggs used where required

31

Water & ice obtained from an approved source

32

IN

OUT

N/A

Variance obtained for specialized processing methods

Food Temperature Control

33

Proper cooling methods used; adequate equipment for temperature control

34

IN

OUT

N/A

N/O

Plant food properly cooked for hot holding

35

IN

OUT

N/A

N/O

Approved thawing methods used

36

X

Thermometers provided & accurate

X

Food Identification

37

Food properly labled; original container

Prevention of Food Contamination

38

X

Insects, rodents, & animals not present

X

39

Contamination prevented during food prep, storage & display

40

Personal cleanliness

41

Wiping cloths: properly used & stored

42

Washing fruits & vegetables

COS

R

Proper Use of Utensils

43

In-use utensils: properly stored

44

Utensils, equipment & linens: properly stored, dried, & handled

45

Single-use/single service articles: properly stored & used

46

Gloves used properly

Utensil Equipment and Vending

47

X

Food & non-food contact surfaces cleanable, properly designed, constructed, & used

X

48

X

Warewashing facilities: installed, maintained, & used; test strips

X

49

X

Non-food contact surfaces clean

X

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

Garbage & refuse properly disposed; facilities maintained

55

X

Physical facilities installed, maintained, & clean

X

56

Adequate ventilation & lighting; designated areas used

57

Compliance with MCIAA

58

Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Inspector (Signature)

Date:

09/06/23



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 16, 2023

Licensee
Evensong Manor
6264 Yukon Avenue North
Brooklyn Center, MN 55428

RE: Project Number(s) SL30500016

Dear Licensee:

On June 15, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on April 6, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the April 6, 2023, survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey completed on April 6, 2023, found not corrected at the time of the June 15, 2023, follow-up survey and/or subject to penalty assessment are as follows:

0110-Assisted Living Director License Required-144g.10 Subdivision 1a - \$500.00
0480-Minimum Requirements-144g.41 Subd 1 (13) (i) (b) - \$500.00

The details of the violations noted at the time of this follow-up survey completed on June 15, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. 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.

IMPOSITION OF FINES:

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.

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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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

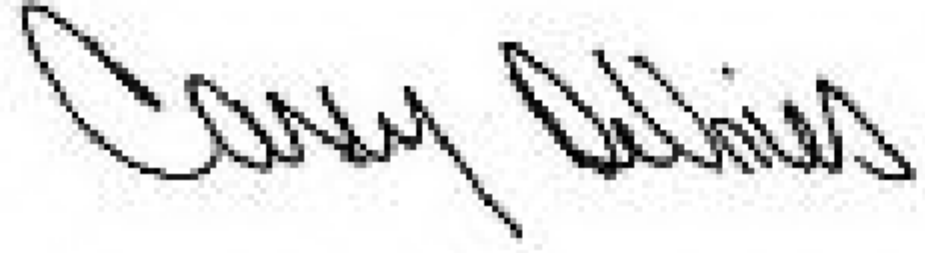
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the MDH 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. 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.

We urge you to review these orders carefully. If you have questions, please contact Casey DeVries at 651-201-5917.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Casey DeVries". The signature is written in a cursive, flowing style.

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 06/15/2023
NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{0 000}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: SL30500016-1 On June 14, 2023, through June 15, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on April 6, 2023. At the time of the survey, there were five residents; all of whom were receiving services under the Assisted Living (with Dementia Care) license. As a result of the revisit, the following orders were reissued and/or issued.	{0 000}	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.		
{0 110} SS=F	144G.10 Subdivision 1a Assisted living director license required Each assisted living facility must employ an	{0 110}			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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{0 110}	Continued From page 1 assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.? This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to employ a licensed assisted living director (LALD) permitted by the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all the licensee's 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 the residents). The findings include: On June 14, 2023, at 10:20 a.m., the surveyor requested evidence of licensure for a licensed assisted living director (LALD) license from owner (O)-B. On June 14, 2023, at 11:31 a.m., O-B emailed the surveyor the LALD license for consultant (C)-I. On June 15, 2023, at 10:10 a.m., the surveyor checked the BELTSS website for verification of C-I's assisted living director licensure. C-I had a current assisted living director licensure, however, was not listed as Director of Record for the licensee. On June 15, 2023, at 9:55 a.m., C-I stated, "My	{0 110}			

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{0 110}	Continued From page 2 role over there [licensee's facility] is to help the administrator or I'm helping with consultation for their administrator. I'm not the LALD over there [licensee's facility] because they have already submitted their temporary permit for LALD. Somebody else will be their LALD once that goes through, not me though I'm just a consultant if they want me to be more than that they will need to talk to me about that more. I know they hired somebody who is training to become their LALD. I never go to their office or residence they just call me for consultation that is my role for them. As far as I know, on my side of things we have never talked about me being their LALD that is a whole other process and would need to go through lawyers and discussed in detail. [O-B] just called me a couple days ago and asked me about this but I am not a part of their day-to-day operation and I'm not listed in BELTSS for them because I am not their LALD." On June 15, 2023, at 10:31 a.m., O-B stated, "[C-I] is consulting me while I get my LALD, I only have a few more items to submit to them but he is consulting me until I am LALD. I don't know why he says he is not out LALD, I think he is afraid if he puts us down as him being tied to us it will look bad for his other sites." No further information was provided.	{0 110}			
{0 470} SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet	{0 470}			

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{0 470}	Continued From page 3 the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: No further action required.	{0 470}		
{0 480} SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record	{0 480}		

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{0 480}	Continued From page 4 review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated June 14, 2023, for the specific Minnesota Food Code deficiencies.	{0 480}			
{0 510} SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: No further action required.	{0 510}			

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{0 550} SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: No further action required.	{0 550}			
{0 580} SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time	{0 580}			

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{0 580}	Continued From page 6 of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: No further action required.	{0 580}			
{0 650} SS=F	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: No further action required.	{0 650}			
{0 660} SS=F	144G.42 Subd. 9 Tuberculosis prevention and control	{0 660}			

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{0 660}	Continued From page 7 (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: No further action required.	{0 660}			
{0 680} SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding	{0 680}			

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{0 680}	Continued From page 8 missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: No further action required.	{0 680}			
{0 720} SS=C	144G.43 Subd. 2 Access to records The facility must ensure that the appropriate records are readily available to employees and contractors authorized to access the records. Resident records must be maintained in a manner that allows for timely access, printing, or transmission of the records. The records must be made readily available to the commissioner upon request. This MN Requirement is not met as evidenced by: No further action required.	{0 720}			
{0 730} SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of	{0 730}			

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{0 730}	Continued From page 9 the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or	{0 730}			

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{0 730}	Continued From page 10 status. This MN Requirement is not met as evidenced by: No further action required.	{0 730}			
{0 780} SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: No further action required.	{0 780}			

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{0 790}	Continued From page 11	{0 790}			
{0 790} SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: No further action required.	{0 790}			
{0 800} SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: No further action required.	{0 800}			
{0 810} SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment	{0 810}			

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{0 810}	Continued From page 12 (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) employee 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 emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees 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 employees 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: No further action required.	{0 810}			

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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
{0 900}	Continued From page 13	{0 900}			
{0 900} SS=F	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: No further action required.	{0 900}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/15/2023
NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428			
(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
{01460}	Continued From page 14	{01460}			
{01460} SS=F	144G.63 Subdivision 1 Orientation of staff and supervisors 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. This MN Requirement is not met as evidenced by: No further action required.	{01460}			
{01620} SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (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. (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. (e) A facility must inform the prospective resident of the availability of and contact information for	{01620}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 06/15/2023
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{01620}	Continued From page 15 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. This MN Requirement is not met as evidenced by: No further action required.	{01620}			
{02240} SS=C	144G.90 Subdivision 1 Assisted living bill of rights; notification (a) An assisted living facility must provide the resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand. (b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." (c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, email address, mailing address,	{02240}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 06/15/2023
NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428			
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{02240}	Continued From page 16 and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, email, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint. (d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record. This MN Requirement is not met as evidenced by: No further action required.	{02240}			
{03090} SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: No further action required.	{03090}			

Type: Full
Date: 06/14/23
Time: 11:00:00
Report: 1031231155

Food and Beverage Establishment Inspection Report

Page 1

Location:

Evensong Manor
6264 Yukon Avenue North
Brooklyn Park, MN55428
Hennepin County, 27

Establishment Info:

ID #: 0038727
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6129400621
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 previously issued on 04/03/23 have NOT been corrected.

2-200 Employee Health

2-201.11C

**** Priority 1 ****

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.

REPEAT FROM 4/3/2023 INSPECTION.

ESTABLISHMENT DID NOT HAVE ILLNESS LOG ON SITE. COPY OF LOG SENT WITH REPORT.
PRINT KEEP ILLNESS LOG ON SITE AND UP TO DATE.

Issued on: 04/03/23

Comply By: 04/03/23

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1)

**** Priority 1 ****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

REPEAT FROM 4/3/2023 INSPECTION.

OVSERVED SHELL EGGS STORED OVER MILK. HAD EGGS MOVED TO BOTTOM DRAWER
AND VEG MOVED TO TOP. SEE REFRIGERATION GUIDE SENT WITH REPORT.

Issued on: 04/03/23

Comply By: 04/03/23

7-200 Toxic Supplies and Applications

7-201.11A

**** Priority 1 ****

MN Rule 4626.1600A Separate poisonous or toxic materials from food, equipment, utensils, linens, and single-service and single-use articles by spacing or partitioning.

REPEAT FROM 4/3/2023 INSPECTION.

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Food and Beverage Establishment Inspection Report

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HYDROGEN PEROXIDE AND IODINE FOUND ON SHELF NEXT TO BEEF BULLION AND RUM EXTRACT. HAD STAFF MOVE CHEMICALS DOWN AND FOOD PRODUCTS UP. COMPLY WITH ABOVE RULE.

Issued on: 04/03/23

Comply By: 04/03/23

3-500C Microbial Control: date marking

3-501.17A

**** Priority 2 ****

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared 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.

REPEAT FROM 4/3/2023 INSPECTION.

MULTIPLE OPEN PACKAGES OF DELI MEATS IN REFRIGERATOR NOT DATE MARKED.
COMPLY WITH ABOVE RULE.

Issued on: 04/03/23

Comply By: 04/03/23

4-300 Equipment Numbers and Capacities

4-302.12B

**** Priority 2 ****

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

REPEAT FROM 4/3/2023 INSPECTION.

ESTABLISHMENT DOES NOT HAVE A THIN PROBE THERMOMETER.

Issued on: 04/03/23

Comply By: 04/05/23

4-300 Equipment Numbers and Capacities

4-302.13B

**** Priority 2 ****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

REPEAT FROM 4/3/2023 INSPECTION.

ESTABLISHMENT MISSING IRREVERSIBLE MEASURING DEVICE. PROVIDE IRREVERSIBLE MEASURING DEVICE AND MEASURE UTENSIL TEMPERATURE (160F REQUIRED) AT REGULAR INTERVALS. WAX TEST STRIPS LEFT ON SITE.

Issued on: 04/03/23

Comply By: 04/06/23

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.

REPEAT FROM 4/3/2023 INSPECTION.

ESTABLISHMENT DOES NOT HAVE SANITIER TESTING KIT ON SITE. PROVIDE AND USE TEST KIT TO CHECK SANITIZER CONCENTRATION.

Issued on: 04/03/23

Comply By: 04/05/23

Type: Full
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Food and Beverage Establishment Inspection Report

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4-600 Cleaning Equipment and Utensils

4-601.11A ** Priority 2 **

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.
REPEAT FROM 4/3/2023 INSPECTION.

CAN OPENER FOUND WITH FOOD DEBRIS ON BLADE/FRONT. CLEAN AND MAINTAIN CLEAN ALL FOOD CONTACT SURFACES.

Issued on: 04/03/23

Comply By: 04/05/23

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
REPEAT FROM 4/3/2023 INSPECTION.

ESTABLISHMENT DOES NOT HAVE A CERTIFIED FOOD PROTECTION MANAGER (CFPM).

Issued on: 04/03/23

Comply By: 04/03/23

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.
REPEAT FROM 4/3/2023 INSPECTION.

LEFT REFRIGERATOR DOOR INTERIOR CLOSER NOT FUNCTIONAL CAUSING REFRIGERATOR TO NOT SEAL PROPERLY. REPAIR/PEPLACE CLOSER OR REPLACE REFRIGERATOR.

Issued on: 04/03/23

Comply By: 04/10/23

4-600 Cleaning Equipment and Utensils

4-601.11B

MN Rule 4626.0840B Maintain the food contact surfaces of cooking equipment and pans free of encrusted grease deposits and other soil accumulations.
REPEAT FROM 4/3/2023 INSPECTION.

OVEN INTERIOR FOUND WITH ENCRUSTED FOOD DEBRIS THROUGHOUT CAVITY AND ON GLASS. CLEAN AND MAINTAIN CLEAN.

Issued on: 04/03/23

Comply By: 04/17/23

4-600 Cleaning Equipment and Utensils

4-602.12

MN Rule 4626.0850 Clean the food contact surfaces of cooking and baking equipment and interior cavities of microwave ovens at least every 24 hours.
REPEAT FROM 4/3/2023 INSPECTION.

INTERIOR OF MICROWAVE HAS SPLATTERS AND/OR FOOD DEBRIS. CLEAN AND MAINTAIN CLEAN.

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Food and Beverage Establishment Inspection Report

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Issued on: 04/03/23

Comply By: 04/06/23

4-600 Cleaning Equipment and Utensils

4-602.13

MN Rule 4626.0855 Clean all non-food-contact surfaces of equipment at a frequency necessary to preclude accumulation of soil residues.

REPEAT FROM 4/3/2023 INSPECTION.

MULTIPLE KITCHEN SHELVES, DRAWERS AND HANDLES FOUND WITH DUST/FOOD DEBRIS/GREASE ON SURFACES. CLEAN AND MAINTAIN CLEAN ALL SHELVING. REPLACE ANY DAMAGED CONTACT PAPER WITH NEW.

Issued on: 04/03/23

Comply By: 04/17/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.111ABD

MN Rule 4626.1565ABD Provide control of insects, rodents, and other pests by routinely inspecting incoming food and supply shipments; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.

REPEAT FROM 4/3/2023 INSPECTION.

PEST DROPPINGS FOUND ON COUNTERS AND FLOOR OF KITCHEN. ***SANITIZE KITCHEN FOOD CONTACT SURFACES PRIOR TO USING KITCHEN.*** REMOVE ALL ITEMS FROM UNDER KITCHEN DESK AND KITCHEN SINK TO REDUCE HARBORAGE CONDITIONS.

Issued on: 04/03/23

Comply By: 04/17/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.114AB

MN Rule 4626.1580AB Remove all items unnecessary to the operation or maintenance of the establishment and litter from the premises.

REPEAT FROM 4/3/2023 INSPECTION.

REMOVE TOOLS FROM KITCHEN DRAWERS AND CONSOLIDATE IN KITCHEN DESK AREA ONLY. REMOVE ANY ITEMS NOT NEEDED FROM KITCHEN. REMOVE CAT LITTER BOXES FROM ESTABLISHMENT.

Issued on: 04/03/23

Comply By: 04/17/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

REPEAT FROM 4/3/2023 INSPECTION.

CLEAN BEHIND KITCHEN GARBAGE CAN. REMOVE ALL ITEMS FROM UNDER KITCHEN SINK AND THOROUGHLY CLEAN UNDER SINK. REPAIR MOUSE HOLE ON RIGHT SIDE OF SINK CABINET. SEAL ANY OTHER OPENINGS BELOW SINK.

Issued on: 04/03/23

Comply By: 04/10/23

Type: Full
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Evensong Manor

Food and Beverage Establishment Inspection Report

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The following orders were issued during this inspection.

7-200 Toxic Supplies and Applications

7-204.11

**** Priority 1 ****

MN Rule 4626.1620 Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.

CLOROX SPRAY BEING USED ON FOOD CONTACT SURFACES MEASURED > 200PPM. STAFF TO DISCONTINUE USE OF CLOROX SPRAY AND MAKE SANITIZER WATER.

Comply By: 06/15/23

5-200C Plumbing: Maintenance, fixture location

5-205.11AB

**** Priority 2 ****

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

HANDWASH SINK BASIN BLOCKED BY DIRTY DISHES. HAS STAFF CLEAR BASIN.

Comply By: 06/15/23

Surface and Equipment Sanitizers

Chlorine: > 200 at Degrees Fahrenheit

Location: Clorox spray

Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Cold Hold/Deli Meat

Temperature: 40 Degrees Fahrenheit - Location: Refrigerator

Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		4	6	8

Follow-up conducted in the presence of Galila.

All violations discussed with Galila after inspection.

STAFF DID NOT COMPLY WITH REQUEST FOR PROOF OF CFPM OR ILLNESS LOG.

STAFF DID NOT COMPLY WITH REQUEST FOR DISH MACHINE WAX STRIP PICTURE SHOWING DISH MACHINE IS OPERATING IN COMPLIANCE.

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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 Environmental Health inspection report number 1031231155 of 06/14/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed:_____

Galila Alwghzi
Person in Charge

Signed:_____


Chris Foster
Public Health Sanitarian I
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 19, 2023

Licensee
Evensong Manor
6264 Yukon Avenue North
Brooklyn Center, MN 55428

RE: Project Number(s) SL30500016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 6, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The 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.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The MDH may impose 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 MDH

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 (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 survey:

St - 0 - 0110 - 144g.10 Subdivision 1a - Assisted Living Director License Required - \$3,000.00

St - 0 - 0495 - 144g.41 Subd. 1 (14) - Minimum Requirements - \$3,000.00

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

The total amount you are assessed is \$9,500.00. 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Evensong Manor

May 19, 2023

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Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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

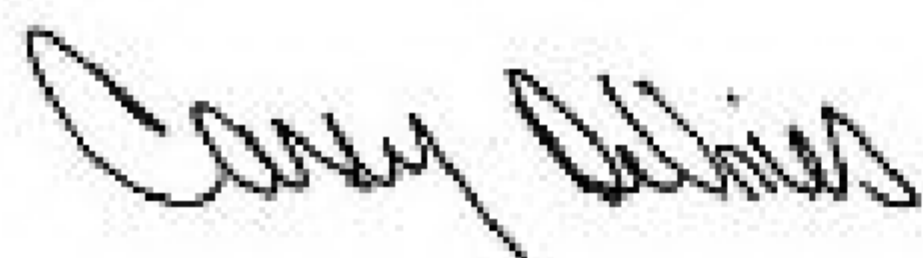
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the MDH 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. 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 the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/06/2023
NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL30500016-0 On April 3, 2023, through April 6, 2023, 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 was one resident who resided and received services under the provider's Assisted Living license. Immediate correction order(s) were identified on April 4, 2023, issued for SL30500016-0, tag identification 0110, 0495, and 1290. The immediacy of orders 0110, 0495, and 1290 was not removed at the time of exit on April 6, 2023, at 9:25 a.m.	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.		
0 110 SS=I	144G.10 Subdivision 1a Assisted living director license required	0 110			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/06/2023
NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428		
(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
0 110	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.? This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to employ a licensed assisted living director (LALD) permitted by the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all the licensee's residents, staff, and visitors. 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 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. The findings include: On April 3, 2023, at 12:18 p.m., during the entrance conference with owner (O)-A, O-A stated owner (O)-B was the LALD for the licensee. The surveyor requested to see O-B's licensed assisted living director license. On April 3, 2023, at 12:18 p.m., the surveyor checked the BELTSS website for verification of O-B's assisted living director licensure. O-B was not listed as having a current LALD license or listed as Director of Record for the licensee. The licensee lacked evidence they employed a LALD	0 110			

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0 110	Continued From page 2 as required, to be in general administrative charge of the facility. On April 3, 2023, at 12:38 p.m., O-A stated, O-B was still looking for her LALD license and would email it to the evaluator that afternoon. On April 3, 2023, at 2:08 p.m., the surveyor contacted BELTSS via email to verify who was listed as the licensee's LALD and Director of Record. On April 3, 2023, at 4:44 p.m., a BELTSS representative stated via email, according to their records, O-B was not listed as an active LALD or listed as Director of Record for the licensee. On April 4, 2023, at 8:40 a.m., surveyor again requested O-B's LALD license. O-B stated she took the exam and had been waiting to get her certificate, had not received the certificate yet, and had not followed up on it. The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE On April 4, 2023, at 4:50 p.m., the Minnesota Department of Health issued an immediate correction order to the licensee via email to owner (O)-B, tag identified as 0110, during a survey. The email identified the following questions must be answered before the immediacy of the order would be removed: 1. Identify how the findings have been or will be corrected related to each individual	0 110			

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0 110	Continued From page 3 resident(s)/employee(s) identified in the correction order. 2. Identify how other individuals (residents/employees) with the potential to be affected or in similar situations will be identified and protected. 3. Identify what changes to your systems and practices have been or will be made to ensure compliance with the specific statute(s). Include information about how you will maintain compliance in the future. 4. Identify the date/time by which this will be completed. On April 5, 2023, at 8:55 a.m., O-B emailed the survey supervisor an acknowledgement of receipt of the immediate correction order. On April 5, 2023, at 10:20 a.m., O-B submitted a correction plan via email to the survey supervisor for the immediate order. The plan indicated the following: "We were current [sic] working on getting a permit for the LALD [licensed assisted living director] licenses. We weren't aware of its [sic] severity, as we just paid the fee for the application yesterday. We are taking the step to correct our mistakes. We are currently completing the application for the LALD." On April 5, 2023, at 12:36 p.m., the survey supervisor notified O-B via email the correction plan submitted was found to be insufficient, and the survey supervisor requested the following additional information: "You indicated in your email that you have paid an application fee with BELTSS [Board of Executives for Long-Term Services and Supports] and are in the process of completing the LALD [licensed assisted living director] application. However, this	0 110			

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0 110	Continued From page 4 does not address the immediate issue at hand, which is, you currently have no LALD overseeing the operations of your assisted living facility. The immediacy of this correction order will not be lifted until you have a plan in place to contract for a LALD while you continue through the application process. Please reach out to BELTSS for further guidance if need be. Please also address the items listed below #2, #3, #4." On April 6, 2023, at 12:08 p.m., O-B emailed the survey supervisor the following: - a name, license number, email address, and phone number for an individual O-B identified as their "director" [licensed assisted living director], and indicated this person would be their mentor. Although O-B emailed the above information to the survey supervisor, the licensee failed to address the request for the specified additional information. The immediacy of correction order identified as 0110 was not lifted prior to the survey exit April 6, 2023, at 9:25 a.m. On April 6, 2023, at 2:22 p.m., the survey supervisor again informed O-B via email the information provided was insufficient to remove the immediacy of the correction order as the licensee failed to address the components required in the initial email containing the immediate correction orders and again re-iterated in an email on April 6, 2023, at 12:36 p.m. On April 7, 2023, at 12:08 p.m., O-B emailed the following to the survey supervisor: "This is our LALD application, he is already eligible to work with us we checked his background, he is also training with new RN. As far as my LALD license [name of previously identified potential mentor] will train me so I can	0 110			

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0 110	Continued From page 5	0 110			
0 470 SS=F	obtain a temporary license in the time being." The body of the email contained photographs of the LALD signed job application for individual previously identified by O-B as the licensee's new "director" and O-B's "mentor." 144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by:	0 470			

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0 470	Continued From page 6 Based on interview and record review, the licensee failed to ensure the required staffing plan was developed and posted as required. 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee failed to develop and implement a staffing plan for determining its staffing level based on the following: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility. During an observation on April 4, 2023, at 3:30 p.m., the surveyor toured the licensee's building, and observed a board with postings that included: Reporting Maltreatment/Vulnerable Adult to Office of Ombudsman for Long-Term Care, Minnesota Adult Abuse Reporting Center (MAARC), Medical	0 470			

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0 470	Continued From page 7 Emergency/911, but the staffing plan was missing. On April 4, 2023, at 3:40 p.m., owner (O)-B confirmed a staffing plan had not been developed to address the content listed above. O-B stated licensee developed a written staffing plan two weeks ago, but it had not been posted. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470			
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).	0 480			

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0 480	Continued From page 8 The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated April 3, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480			
0 495 SS=I	144G.41 Subd. 1 (14) Minimum Requirements (14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide staff access to an on-call registered nurse (RN) 24 hours per day, seven days per week. This had the potential to affect all residents receiving assisted living services. 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 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 April 3, 2023, at approximately 12:28 p.m., the surveyor observed the licensee did not have a RN on site.	0 495			

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0 495	Continued From page 9 During an interview on April 3, 2023, at 12:28 p.m., owner (O)-A stated RN-E did not come to the facility on a regular basis and was usually only at the facility on Mondays from 9:00 a.m., to 4:00 p.m., however, O-A stated RN-E was currently out of the country on a family emergency and would be back on May 2, 2023. O-A stated they had another nurse covering for RN-E while RN-E was on leave. On April 4, 2023, at 8:51 a.m., the surveyor interviewed RN-F. RN-F stated she was a friend of RN-E, and she had been covering for RN-E since RN-E went on leave March 21, 2023. RN-F stated she had never worked at the licensee's facility, and today (during the survey) was her first time in the licensee's facility. On April 4, 2023, at 9:09 a.m., O-A stated the facility had not had a chance to complete all the new hire paperwork for RN-F, but staff could reach RN-F for questions. The licensee had no employee file for RN-F. The licensee did not orient RN-F to assisted living facility licensing requirements and regulations. On April 4, 2023, at 3:37 p.m., during an interview, unlicensed personnel (ULP)-G stated he worked evenings and weekends from 7:00 p.m. until 9:00 a.m., and administers medications, completes laundry, prepares meals and watches television with R1. ULP-G stated he would call O-B [who is not a RN] if he needed to communicate any resident changes in condition and stated he did not know where the information was posted for the on-call nurse. The licensee's policy related to RN availability	0 495			

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0 495	Continued From page 10 was requested but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE On April 4, 2023, at 4:50 p.m., the Minnesota Department of Health issued an immediate correction order to the licensee via email to owner (O)-B, tag identified as 0495, during a survey. The email identified the following questions must be answered before the immediacy of the order would be removed: 1. Identify how the findings have been or will be corrected related to each individual resident(s)/employee(s) identified in the correction order. 2. Identify how other individuals (residents/employees) with the potential to be affected or in similar situations will be identified and protected. 3. Identify what changes to your systems and practices have been or will be made to ensure compliance with the specific statute(s). Include information about how you will maintain compliance in the future. 4. Identify the date/time by which this will be completed. On April 5, 2023, at 8:55 a.m., O-B emailed the survey supervisor an acknowledgement of receipt of the immediate correction order. On April 5, 2023, at 10:20 a.m., O-B submitted a correction plan via email to the survey supervisor for the immediate order. The plan indicated the following: "As for a nurse we contacted [supplemental nursing agency] yesterday, but we are still waiting for a call back. In the meantime, we have found a	0 495		

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0 495	Continued From page 11 nurse that is up to date with training and has all his requirements to be a Nurse. His name is [name], we just had him fill out and application and ran his background on 2.0 [NetStudy 2.0 web-based system used to submit background study requests], and he was cleared. He is on his way to train with staff to keep him informed with policies and procedures. On April 5, 2023, at 12:36 p.m., the survey supervisor notified O-B via email the correction plan submitted was found to be insufficient, and the survey supervisor requested the following additional information: "You indicated in your email that you have found an RN. Please provide your contractual agreement with this RN such as a signed job offer. Please provide the RN's position description to include role and responsibilities and please provide the RN's work schedule including any on-call hours. Please provide the training plan for this individual including content explanations. Please also address the items listed below #2, #3, #4." On April 6, 2023, at 12:08 p.m., O-B emailed the survey supervisor the following: - a name of a nurse O-B indicated was being trained by "our nurse" and would help with documentation and training the next week. Although O-B emailed the above information to the survey supervisor, the licensee failed to address the request for the specified additional information. The immediacy of correction order identified as 0495 was not lifted prior to the survey exit April 6, 2023, at 9:25 a.m. On April 6, 2023, at 2:22 p.m., the survey supervisor again informed O-B via email the	0 495			

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0 495	Continued From page 12 information provided was insufficient to remove the immediacy of the correction order as the licensee failed to address the components required in the initial email containing the immediate correction order and again re-iterated in an email on April 6, 2023, at 12:36 p.m. On April 7, 2023, at 12:08 p.m., O-B emailed the following to the survey supervisor: "This is our LALD application, he is already eligible to work with us we checked his background, he is also training with new RN. As far as my LALD license [name of previously identified potential mentor] will train me so I can obtain a temporary license in the time being." The body of the email contained photographs of the LALD signed job application for individual previously identified by O-B as the licensee's new "director" and O-B's "mentor."	0 495			
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 510			

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0 510	Continued From page 13 licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control. This deficient practice had the potential to affect all of the licensee's current 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 the residents). The findings include: On April 5, 2023, at 9:15 a.m., surveyor requested licensee's completed facility tuberculosis risk assessment, and evidence of licensee's infection control program, consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in assisted living facilities. On April 5, 2023, at 9:30 a.m., during an interview, owner (O)-B stated the nurse in charge of the infection control program had an office at her home and kept some documents there, and that the licensee had no facility TB risk assessment or any other evidence of an infection control program at the facility. The licensee's Infection Control policy, dated October 3, 2022, indicated the licensee had a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases, and licensee would	0 510			

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0 510	Continued From page 14 identify areas where infection control practices were necessary based on the exposure and risk of the facility. In addition, licensee's infection control program would be consistent with current guidelines from CDC for prevention and control in assisted living facilities. The Minnesota Department of Health Regulations for Tuberculosis Control in Minnesota Health Care Settings document dated July 2013, instructed all health care settings in Minnesota to have an up-to-date TB infection control program that includes: - A team responsible for TB infection control; - A facility TB risk assessment; - Written TB infection control procedures; and - Health care worker (HCW) education. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about	0 550			

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0 550	Continued From page 15 the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required information related to the contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities. This had the potential to affect all of the licensee's current 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 the residents). The findings include: The licensee lacked a posting of the contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities. On April 5, 2023, during the facility tour at 9:00 a.m., the surveyor observed the entry area, and noted there was no required posting related to the contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities. On April 5, 2023, at 9:08 a.m., owner (O)-B verified the required content noted above was not currently posted as required. O-B stated, the previous owner only told the licensee to post a	0 550			

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0 550	Continued From page 16 grievance form and emergency numbers on the licensee's bulletin board. The licensee's Grievance Policy, dated October 1, 2022, indicated licensee would provide a simple compliant process for the people served in their program and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 550		
0 580 SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and maintain documentation of a quality management program. This had the potential to affect all residents receiving assisted living services.	0 580		

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0 580	Continued From page 17 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: On April 5, 2023, at 9:00 a.m., the surveyor requested to review documentation of the licensee's quality management activities. On April 5, 2023, at 9:05 a.m., during an interview with owner (O)-A and (O)-B, O-B stated the consultant they had hired did not inform them of everything the licensee needed to complete for compliance, and verified the licensee did not have documentation of any quality management activities. On April 5, 2023, at 3:15 p.m., surveyor requested licensee's Quality Management policy from O-A. On April 6, 2023, at 8:45 a.m., surveyor requested licensee's Quality Management policy from O-B. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 580			

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0 650	Continued From page 18	0 650			
0 650 SS=F	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the employee record contained the required content for two of two employees (unlicensed personnel (ULP)-D and registered nurse (RN)-E). 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	0 650			

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0 650	Continued From page 19 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: ULP-D ULP-D had a start date of January 9, 2023, to provide care and services under the licensee's Assisted Living license. On April 4, 2023, at 8:00 a.m., the surveyor observed ULP-D passing medications to R1. ULP-D's record lacked evidence of the following: - current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; - for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place. RN-E RN-E had a hire date of September 12, 2022, and began providing care and services under the licensee's Assisted Living license. RN-E's record lacked evidence of the following: - current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; - for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place, and; - documentation of the background study as required. On April 4, 2023, at 3:55 p.m., owner (O)-A verified the above content was missing from	0 650			

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0 650	Continued From page 20 ULP-D and RN-E's employee files. O-A stated that O-A and O-B are responsible for ensuring employee files contain the required content. The licensee's Orientation and Training policy, dated October 3, 2022, indicated licensee would orientate staff persons to their job descriptions upon hire and whenever there is a change to the job description that changes the nature of the job or how their job is to be performed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	0 660		

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0 660	Continued From page 21 review, the licensee failed to establish and maintain a comprehensive tuberculosis (TB) infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report, which includes documentation of a completed health history and symptom screening, including completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for two of two employees (unlicensed personnel (ULP)-D and registered nurse (RN)-E). 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: ULP-D ULP-D had a start date of January 9, 2023, to provide care and services under the licensee's Assisted Living license. On April 4, 2023, at 8:00 a.m., the surveyor observed ULP-D passing medications to R1. ULP-D's employee's record lacked evidence of the following: - TB history and symptom screening; and - two-step TST or blood test. RN-E	0 660			

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0 660	Continued From page 22 RN-E had a hire date of September 12, 2022, and began providing care and services under the licensee's Assisted Living license. RN-E's employee's record lacked evidence of the following: - TB history and symptom screening; and - two-step TST or blood test. On April 4, 2023, at 3:55 p.m., owner (O)-A verified the above content was missing from ULP-D and RN-E's employee files. O-A stated that O-A and O-B are responsible for ensuring employee files contain the required content. O-A stated no facility TB Risk assessment had been completed for the licensee, and the Facility TB Risk assessment was supposed to be completed by the RN. The licensee's Tuberculin Skin Testing (TST) Protocol for Screening Health Care Workers-8.17, undated, indicated the registered nurse (RN) or licensed practical nurse (LPN) would implement the TST protocol for screening health care workers at time of hire. The Minnesota Department of Health (MDH) guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and the CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in	0 660			

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0 660	Continued From page 23 the employee's record." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 680			

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0 680	Continued From page 24 licensee failed to maintain a written emergency preparedness plan with all the required content as defined in Appendix Z. 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's emergency preparedness plan lacked evidence of the following required content: - Develop and maintain EP program; - Maintain and annual EP updates; - EP program patient population; - Development of EP policies and procedures; - Subsistence needs for staff and patients; - Procedures for tracking of staff and patients; - Policies and procedures including evacuation; - Policies and procedures for sheltering; - Policies and procedures for medical documents; - Policies and procedures for volunteers; - Roles under a Waiver declared by Secretary; - Development of communication plan; - Names and contact information; - Emergency officials contact information; - Primary/alternate means for communication; - Methods for sharing information; - Sharing information on occupancy/needs; - LTC family notifications; - Emergency prep training and testing; - Emergency prep training program; - Emergency prep testing requirements;	0 680			

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0 680	Continued From page 25 - LTC emergency power (typically engineering); and - Integrated health systems. On April 5, 2023, at 9:08 a.m., owner (O)-A, and O-B stated the licensee was unable to locate an EP plan. O-B stated, "there is nothing in place." O-B stated the former owner did not tell them everything, and only told them to put a grievance form and emergency numbers on the bulletin board. The licensee's Disaster Planning and Emergency Preparedness Plan policy dated October 3, 2022, indicated the licensee would have in place a general emergency preparedness plan, that was in alignment with facility's requirement to also comply with CMS Appendix Z. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		
0 720 SS=C	144G.43 Subd. 2 Access to records The facility must ensure that the appropriate records are readily available to employees and contractors authorized to access the records. Resident records must be maintained in a manner that allows for timely access, printing, or transmission of the records. The records must be made readily available to the commissioner upon request. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure that personnel and	0 720		

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0 720	Continued From page 26 resident records were readily available for timely access to employees, vendors, and the commissioner authorized to access the records. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect 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). The findings include: During entrance conference on April 3, 2023, at 12:38 p.m., owner (O)-A stated employee records would be available to the surveyor using the licensee's electronic and paper records. Following the surveyor's employee record review process, on April 4, 2023, at approximately 10:00 a.m., O-A stated some employee records were not available at the licensee's location because registered nurse (RN)-E was the only employee with access to some records, and RN-E had an office at her home where some of the employee records were kept. On April 5, 2023, at 10:16 a.m., O-A called RN-E, who was out of the country, to find out where additional employee records might be located. O-A reported RN-E verified there were no other employee documents besides the employee documents already provided to surveyor. Following the surveyor's resident record review, and during an interview on April 5, 2023, at 2:22 p.m., O-A, and O-B stated RN-E was responsible for completing all nursing assessments, and there	0 720			

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0 720	Continued From page 27 may be more resident documents at RN-E's home, however, RN-E left out of the country on March 21, 2023, and would not be returning to the facility until May 2, 2023. The licensee's Orientation and Training policy, dated October 3, 2022, directed the licensee's personnel records would contain employee education, training, and competency testing. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 720		
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans;	0 730		

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0 730	Continued From page 28 (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to complete a discharge summary for one of one discharged resident (R2). 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).	0 730			

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NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428			
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0 730	Continued From page 29 The findings include: R2 began receiving assisted living services on September 13, 2022. R2's Progress Note dated November 5, 2022, at 11:00 p.m., indicated R2 lost her balance, couldn't walk, 911 was called, and R2 was transported to the hospital. R2's progress note dated November 6, 2023, at 2:25 p.m., indicated R2 returned to the facility from the hospital, and fell in the bathroom less than 25 minutes after R2's return. 911 was called, and R2 was transported to the hospital. Licensee's Discharged or Deceased Resident Roster dated, February 15, 2023, indicated R2 was discharged to a skilled nursing facility on February 8, 2023. R2's record lacked evidence R2 returned to the facility after November 6, 2022, and that a discharge summary had been completed. On April 4, 2023, at 10:40 a.m., surveyor requested R2's discharge summary and medication disposition. Owner (O)-A and (O)-B stated licensee did not know the last day R2 was in the facility, and that it was the responsibility of the nurse to complete discharge paperwork. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730			
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment	0 780			

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0 780	Continued From page 30 (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that are interconnected throughout the facility. 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	0 780			

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0 780	Continued From page 31 problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: During the facility tour on April 03, 2023, at approximately 11:40 a.m. with the Owner (O)-A, it was observed that there were no smoke alarms in the immediate vicinity of the sleeping rooms. Owner (O)-A verbally confirmed survey staff observations during the facility tour.	0 780			
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain fire extinguishers in accordance with the MN State Fire Code. This had the potential to affect all current residents, staff and visitors.	0 790			

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0 790	Continued From page 32 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the facility tour on April 03, 2023, at approximately 11:40 a.m. with the Owner (O)-A, it was observed that the fire extinguisher located in the kitchen was the incorrect size (1-A-10-B:C). Owner (O)-A verbally confirmed survey staff observations during the facility tour.	0 790			
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of	0 800			

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0 800	Continued From page 33 the residents. This had the potential to directly affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On April 03, 2023, between 11:30 a.m. and 12:30 p.m., survey staff toured the Owner (O)-A. During the facility tour, survey staff observed the following: 1. Board on the deck into the front door is rotting. 2. Multiple cat litter boxes in the basement in the corridor to the outside. Facility no longer has a cat. Owner (O)-A verbally confirmed survey staff observations during the facility tour. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
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) employee actions to be taken in the event of	0 810		

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0 810	Continued From page 34 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 emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees 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 employees 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 interview and record review, the licensee failed to develop a fire safety and evacuation plan with required elements, failed to provide required employee and resident training on fire safety and evacuation, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 810			

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0 810	Continued From page 35 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). On April 03, 2023, at approximately 12:00 p.m., the Owner (O)-A provided no documents for review. Documents were requested by survey staff on April 03, 2023, at approximately 12:00 p.m. 1. Evacuation maps were not available at the time of the survey. 2. The off-site evacuation location was said to be an off-site home that they have an agreement with. The agreement was not observed during record review. 3. The licensee failed to provide unique or unusual resident needs for movement or evacuation. 4. The licensee failed to provide employee training logs for fire safety and evacuation. 5. The licensee failed to provide the required employee training frequency. 6. The licensee failed to provide annual fire safety and evacuation training for residents. 7. Training documentation was requested by survey staff but not provided. 8. Fire drill reports were not provided for review at the time of the survey. Owner (O)-A verbally confirmed survey staff observations during the facility tour.	0 810			
0 900 SS=F	144G.50 Subdivision 1 Contract required	0 900			

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0 900	Continued From page 36 (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and execute a written contract with the required content prior to providing services for one of one resident (R1). This practice resulted in a level two violation (a	0 900			

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0 900	Continued From page 37 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 was admitted to the licensee on September 13, 2022, and started receiving assisted living services on October 17, 2022. R1's record lacked a written Assisted Living contract to include the required content executed with the resident prior to providing assisted living services, which included all of the terms concerning the provisions of the following as required: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. In addition, R1's record lacked evidence that the contract had been fully executed as the facility must: - offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; - give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed; - before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative; and	0 900			

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0 900	Continued From page 38 - the resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract must be executed and signed. On April 5, 2023, at 1:45 p.m., surveyor requested R1's resident contract. Owner (O)-B stated, "I completed all of R1's paperwork and put the paperwork in R1's medical binder." Surveyor noted that there was no information relating to R1's contract in R1's medical file. O-A stated that she would go look for the contract elsewhere. On April 5, 2023, at 2:06 p.m., O-B stated the licensee could not locate any additional information regarding R1's resident contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil	01290		

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01290	Continued From page 39 liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for two of two employees (unlicensed personnel (ULP)-C and ULP-D). 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 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: ULP-C ULP-C was hired on February 7, 2023, as a direct support staff to provide direct care services to residents at the assisted living facility. On April 3, 2023, at 12:17 p.m., the evaluator observed ULP-C taking R1's lunch order. R1's service plan included services for ULP's to prepare modified diabetic diets three times daily. ULP-D ULP-D was hired on January 11, 2023, as a direct support staff to provide direct care services to residents at the assisted living facility. On April 4, 2023, at 8:10 a.m., the evaluator observed ULP-D prepare and administer	01290		

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01290	Continued From page 40 medications to R1. R1's service plan included medication administration by ULP's three times daily. On April 4, 2023, at 8:55 a.m., the evaluator requested background studies for ULP-C and ULP-D from Owner (O)-A. On April 4, 2023, at 10:35 a.m., during an interview, O-A stated O-B was trying to gain access to the licensee's NETStudy 2.0 account. On April 4, 2023, at 9:52 a.m., 11:01 a.m., and 11:14 a.m., the evaluator observed the Minnesota Department of Human Services NETStudy 2.0 (web-based system used to submit background study requests), which indicated there were no background studies for ULP-C or ULP-D submitted or clearances received in affiliation with the licensee's Health Facility Identification Number 30500. On April 4, 2023, at 1:24 p.m., O-A stated the background study process was the responsibility of O-B. O-B confirmed that background studies had not been completed for ULP-C and ULP-D, and stated that she thought they had been completed. On April 4, 2023, at 2:15 p.m., the evaluator requested a policy from O-A related to background studies, however, one was not received. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE On April 4, 2023, at 4:50 p.m., the Minnesota Department of Health issued an immediate	01290			

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01290	Continued From page 41 correction order to the licensee via email to owner (O)-B, tag identified as 1290, during a survey. The email identified the following questions must be answered before the immediacy of the orders would be removed: 1. Identify how the findings have been or will be corrected related to each individual resident(s)/employee(s) identified in the correction order. 2. Identify how other individuals (residents/employees) with the potential to be affected or in similar situations will be identified and protected. 3. Identify what changes to your systems and practices have been or will be made to ensure compliance with the specific statute(s). Include information about how you will maintain compliance in the future. 4. Identify the date/time by which this will be completed. On April 5, 2023, at 8:55 a.m., O-B emailed the survey supervisor an acknowledgement of receipt of the immediate correction order. On April 5, 2023, at 10:20 a.m., O-B submitted a correction plan via email to the survey supervisor for the immediate orders. The plan indicated the following: "As for Background study for [name], [name], and [name] all are scheduled today and tomorrow to get their fingerprints so they are not supervised during their time of work. Until they are clear they will be supervised by someone that is eligible and is cleared to work." On April 5, 2023, at 12:36 p.m., the survey supervisor notified O-B via email the correction plan submitted was found to be insufficient, and the survey supervisor requested the following	01290		

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01290	Continued From page 42 additional information: "You indicated in your email that you have a plan in place for three individuals to get fingerprinted and that they will be supervised for work in the meantime. Please also address the items listed below #2, #3, #4." On April 6, 2023, at 12:08 p.m., O-B emailed the survey supervisor the following: - the names of three employees with background studies pending, and the licensee would fill [the schedule] with employees eligible to work. Although O-B emailed the above information to the survey supervisor, the licensee failed to address the request for the specified additional information. The immediacy of correction order identified as 1290 was not lifted prior to the survey exit April 6, 2023, at 9:25 a.m. On April 6, 2023, at 2:22 p.m., the survey supervisor again informed O-B via email the information provided was insufficient to remove the immediacy of the correction order as the licensee failed to address the components required in the initial email containing the immediate correction orders and again re-iterated in an email on April 6, 2023, at 12:36 p.m. On April 7, 2023, at 12:08 p.m., O-B emailed the following to the survey supervisor: "This is our LALD application, he is already eligible to work with us we checked his background, he is also training with new RN. As far as my LALD license [name of previously identified potential mentor] will train me so I can obtain a temporary license in the time being." The body of the email contained photographs of the LALD signed job application for individual previously identified by O-B as the licensee's new	01290			

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NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN CENTER, MN 55428			
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01290	Continued From page 43 "director" and O-B's "mentor."	01290			
01460 SS=F	144G.63 Subdivision 1 Orientation of staff and supervisors 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received orientation to assisted living facility licensing requirements and regulations for two of two employees (unlicensed personnel (ULP)-D and registered nurse (RN)-E). 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: ULP-D ULP-D had a start date of January 9, 2023, to provide care and services under the licensee's	01460			

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01460	Continued From page 44 Assisted Living license. On April 4, 2023, at 8:00 a.m., the surveyor observed ULP-D passing medications to R1. RN-E RN-E had a hire date of September 12, 2022, and began providing care and services under the licensee's Assisted Living license. Employee records of ULP-D and RN-E lacked evidence to indicate the employees had received orientation to include the following topics: - 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; - compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; - the assisted living bill of rights and staff responsibilities relating to ensuring the exercise and protection of those rights; - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; - handling of resident's complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of	01460			

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01460	Continued From page 45 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 - a review of the types of assisted living services the employee will be providing and the facility's category of licensure. On April 4, 2023, at 3:55 p.m., owner (O)-A stated ULP-D and RN-E had not received the above noted required training. O-A stated that they and owner (O)-B were responsible for ensuring employee files contain the required training content. The licensee's Orientation and Training policy, dated October 3, 2022, directed all staff at Evensong providing and supervising direct services would complete an orientation to Assisted Living facility licensing requirements and regulations before providing assisted living services to residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01460		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (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.	01620		

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01620	Continued From page 46 (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. (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. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessment no more than 14-days after initiation of services and reassessments not to exceed 90 calendar days from the last date of the assessment for one of one resident (R1) as required. 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:	01620		

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01620	Continued From page 47 R1 R1 was admitted October 17, 2022, and had diagnoses to include asthma and diabetes mellitus type 2. R1's Service Plan effective October 17, 2022, included assistance with dressing, dentures, hair care, grooming, toileting, bathing, medication reminders, medication administration, walking exercise, preparation of modified (diabetic) diet, blood glucose monitoring, foot care, c-pap care, daily temperature readings, oxygen saturation monitoring, laundry, housekeeping, and daily I'm okay checks. R1's initial uniform assessment was completed on October 17, 2022. R1's record lacked documentation of a physical and cognitive reassessment of R1 on or before 14 days of starting services, and ongoing reassessments at least every 90 days. During an interview on April 5, 2023, at 2:22 p.m., owner (O)-A, and O-B stated RN-E was responsible for completing all nursing assessments, and there may be more resident documents at RN-E's home, however, RN-E left out of the country on March 21, 2023, and would not be returning to the facility until May 2, 2023. R1's Service Plan effective October 17, 2023, indicated all monitoring, reassessment and supervision of a resident would be completed by a licensed nurse, and would be conducted initially and every 90 days thereafter, or where there is a change in condition. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	01620			

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01620	Continued From page 48 (21) days	01620		
02240 SS=C	144G.90 Subdivision 1 Assisted living bill of rights; notification (a) An assisted living facility must provide the resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand. (b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." (c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, email, telephone number, and name or title of the person at the facility to whom problems	02240		

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02240	Continued From page 49 or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint. (d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current Minnesota Bill of Rights for Assisted Living Residents and information about how to make a complaint was provided to the residents and a written acknowledgement received for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect 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). The findings include: R1 was admitted to the licensee on September 13, 2022, and started receiving assisted living services on October 17, 2022. R1's Service Plan effective October 17, 2022, included assistance with dressing, dentures, hair care, grooming, toileting, bathing, medication reminders, medication administration, walking exercise, preparation of modified (diabetic) diet,	02240			

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02240	Continued From page 50 blood glucose monitoring, foot care, c-pap care, daily temperature readings, oxygen saturation monitoring, laundry, housekeeping, and daily I'm okay checks. R1's record lacked evidence the current Minnesota Bill of Rights for Assisted Living Residents and the process for filing a complaint were provided, and a written acknowledgement received. On April 5, 2023, at 2:06 p.m., owner (O)-B reviewed R1's medical file and was unable to locate a current Minnesota Bill of Rights. O-B confirmed R1's record lacked the current Minnesota Bill of Rights for Assisted Living Residents and the process for filing a complaint. O-B stated, "I completed all of R1's paperwork and put the paperwork in R1's medical binder." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02240			
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	03090			

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03090	Continued From page 51 review, the licensee failed to ensure the required notice was posted at the main entry way of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all current residents in the assisted living facility, staff, and any visitors of the licensee. This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect 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). The finding include: On April 3, 2023, at 10:00 a.m., upon arriving at the establishment, the surveyor observed the outside front entrance and just inside the front entrance and noted the required posting for electronic monitoring devices was not present. On April 3, 2023, at 12:28 p.m., during the entrance conference, owner (O)-A confirmed there was no signage posted at the facility's main entrance regarding electronic monitoring. O-A stated they do not use any electric monitoring at their facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	03090			

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Food and Beverage Establishment Inspection Report

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Location:

Evensong Manor
6264 Yukon Avenue North
Brooklyn Park, MN55428
Hennepin County, 27

Establishment Info:

ID #: 0038727
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6129400621
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.

2-200 Employee Health

2-201.11C

**** Priority 1 ****

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.

ESTABLISHMENT DID NOT HAVE ILLNESS LOG ON SITE. COPY OF LOG SENT WITH REPORT.
PRINT KEEP ILLNESS LOG ON SITE AND UP TO DATE.

Comply By: 04/03/23

2-300 Personal Cleanliness

2-301.12A

**** Priority 1 ****

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.

OBSERVED EMPLOYEE USING CELL PHONE OUTSIDE OF KITCHEN, THEN OPENING READY TO EAT HOT DOGS. ***EMPLOYEE WAS STOPPED PRIOR TO FOOD CONTACT AND INSTRUCTED TO WASH HANDS.***

Comply By: 04/03/23

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1)

**** Priority 1 ****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

FOUND IN REFRIGERATOR: RAW CHICKEN STORED ABOVE COOKED CHICKEN. SHELL EGG STORED NEXT TO BUTTER, RAW HAMBURGER ABOVE COOKED CHICKEN. RAW CHICKEN OVER VEGGIE. HAD ALL RAW PRODUCTS MOVED DOWN AND AWAY. SEE REFRIGERATION

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GUIDE SEND WITH REPORT.

Comply By: 04/03/23

3-700 Contaminated Food: discarded

3-701.11A ** Priority 1 **

MN Rule 4626.0445A Discard or recondition food that is unsafe, adulterated or not honestly presented. STRAWBERRIES AND BAGGED VEGGIES STORED IN REFRIGERATOR FOUND WITH SPOILAGE CONDITIONS. ***ITEMS DISCARDED*** INSPECT FOOD ITEMS FOR SPOILAGE DAILY. DISCARD ANY SPOILED ITEMS IMMEDIATELY.

Comply By: 04/03/23

4-600 Cleaning Equipment and Utensils

4-602.11C ** Priority 1 **

MN Rule 4626.0845C Clean food-contact surfaces of equipment and utensils used for TCS foods, at least every 4 hour.

NO SANITIZER ON SITE. ESTABLISHMENT HAS NO MEANS OF SANITIZING FOOD CONTACT SURFACES. PROVIDE A BLEACH WATER SANITIZER SOLUTION AT ALL TIMES.

Comply By: 04/03/23

7-200 Toxic Supplies and Applications

7-201.11A ** Priority 1 **

MN Rule 4626.1600A Separate poisonous or toxic materials from food, equipment, utensils, linens, and single-service and single-use articles by spacing or partitioning.

COMET CLEANSER FOUND UNDER KITCHEN DESK NEXT TO FOOD THICKENER. ***FOOD THICKENER MOVED OFF FLOOR AND AWAY FROM CLEANSER.***

Comply By: 04/03/23

3-500C Microbial Control: date marking

3-501.17A ** Priority 2 **

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared 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.

MULTIPLE ITEMS FOUND IN REFRIGERATOR NOT DATE MARKED. COMPLY WITH ABOVE RULE.

Comply By: 04/03/23

4-300 Equipment Numbers and Capacities

4-302.12B ** Priority 2 **

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

ESTABLISHMENT DOES NOT HAVE A THIN PROBE THERMOMETER.

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4-300 Equipment Numbers and Capacities

4-302.13B **** Priority 2 ****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

ESTABLISHMENT MISSING IRREVERSIBLE MEASURING DEVICE. PROVIDE IRREVERSIBLE MEASURING DEVICE AND MEASURE UTENSIL TEMPERATURE (160F REQUIRED) AT REGULAR INTERVALS. WAX TEST STRIPS MAY BE USED IN PLACE OF THERMOMETER.

Comply By: 04/06/23

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.

ESTABLISHMENT DOES NOT HAVE SANITIER TESTING KIT ON SITE. PROVIDE AND USE TEST KIT TO CHECK SANITIZER CONCENTRATION.

Comply By: 04/05/23

4-600 Cleaning Equipment and Utensils

4-601.11A **** Priority 2 ****

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

CAN OPENER FOUND WITH FOOD DEBRIS ON BLADE/FRONT. CLEAN AND MAINTAIN CLEAN ALL FOOD CONTACT SURFACES.

Comply By: 04/05/23

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

ESTABLISHMENT DOES NOT HAVE A CERTIFIED FOOD PROTECTION MANAGER (CFPM).

Comply By: 04/03/23

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.

LEFT REFRIGERATOR DOOR INTERIOR CLOSER NOT FUNCTIONAL CAUSING REFRIGERATOR TO NOT SEAL PROPERLY. REPAIR/PEPLACE CLOSER OR REPLACE REFRIGERATOR.

Comply By: 04/10/23

4-600 Cleaning Equipment and Utensils

4-601.11B

MN Rule 4626.0840B Maintain the food contact surfaces of cooking equipment and pans free of encrusted grease deposits and other soil accumulations.

OVEN INTERIOR FOUND WITH ENCRUSTED FOOD DEBRIS THROUGHOUT CAVITY AND ON GLASS. CLEAN AND MAINTAIN CLEAN.

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Comply By: 04/17/23

4-600 Cleaning Equipment and Utensils

4-602.12

MN Rule 4626.0850 Clean the food contact surfaces of cooking and baking equipment and interior cavities of microwave ovens at least every 24 hours.

INTERIOR OF MICROWAVE HAS SPLATTERS AND/OR FOOD DEBRIS. CLEAN AND MAINTAIN CLEAN.

Comply By: 04/06/23

4-600 Cleaning Equipment and Utensils

4-602.13

MN Rule 4626.0855 Clean all non-food-contact surfaces of equipment at a frequency necessary to preclude accumulation of soil residues.

MULTIPLE KITCHEN SHELVES AND DRAWERS FOUND WITH DUST/FOOD DEBRIS/GREASE ON SURFACES. CLEAN AND MAINTAIN CLEAN ALL SHELVING. REPLACE ANY DAMAGED CONTACT PAPER WITH NEW.

Comply By: 04/17/23

6-300 Physical Facility Numbers and Capacities

6-303.11C

MN Rule 4626.1470C Provide at least 50 foot candles (540 LUX) of light intensity for areas where food employees are working with utensils and equipment where safety is a factor.

INADEQUATE CEILING LIGHTING IN KITCHEN. REPLACE LIGHTING WITH BRIGHT WHITE LIGHT BULBS THAT ARE SHATTER RESISTANT OR IN SHATTER RESISTANT CASING. REPAIR/REPLACE LIGHT ABOVE 2-COMP SINK.

Comply By: 04/17/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.111ABD

MN Rule 4626.1565ABD Provide control of insects, rodents, and other pests by routinely inspecting incoming food and supply shipments; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.

PEST DROPPINGS FOUND ON COUNTERS AND FLOOR OF KITCHEN. ***SANITIZE KITCHEN FOOD CONTACT SURFACES PRIOR TO USING KITCHEN.*** REMOVE ALL ITEMS FROM UNDER KITCHEN DESK AND KITCHEN SINK TO REDUCE HARBORAGE CONDITIONS.

Comply By: 04/17/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.114AB

MN Rule 4626.1580AB Remove all items unnecessary to the operation or maintenance of the establishment and litter from the premises.

REMOVE TOOLS FROM KITCHEN DRAWERS AND CONSOLIDATE IN KITCHEN DESK AREA ONLY. REMOVE ANY ITEMS NOT NEEDED FROM KITCHEN. REMOVE CAT LITTER BOXES

Type: Full
Date: 04/03/23
Time: 11:00:00
Report: 1031231072
Evensong Manor

Food and Beverage Establishment Inspection Report

FROM ESTABLISHMENT.

Comply By: 04/17/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

CLEAN BEHIND KITCHEN GARBAGE CAN. REMOVE ALL ITEMS FROM UNDER KITCHEN SINK AND THOROUGHLY CLEAN UNDER SINK. REPAIR MOUSE HOLE ON RIGHT SIDE OF SINK CABINET. SEAL ANY OTHER OPENINGS BELOW SINK.

Comply By: 04/10/23

Food and Equipment Temperatures

Process/Item: Cold Hold/Milk

Temperature: 37 Degrees Fahrenheit - Location: Refrigerator

Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		6	5	9

Inspection conducted by Chris F.

All violations discussed with Yasmin after the inspection.

NOTES:

- Establishment has a residential kitchen (4626.0506(G)(2)) Same-day service only. No saving and reheating of foods or preparation of foods the day prior to eating. Any remaining food from meals to be removed/discarded at end of day.
- Staff must prepare sanitizer bucket and store their wiping rag in it daily. Check concentration of sanitizer throughout day with test strips. Dump and replace sanitizer solution as needed.
- Make sure to datemark any prepared cold items that are kept in refrigerator.
- Employee food needs to be labeled and separated from residents food.
- Staff should be washing hands every time they prepare foods in kitchen. If an employee steps out of the kitchen to use their phone or do another job, then need to rewash hands prior to doing any foodservice or food prep.
- Gloves need to be used whenever handling ready to eat foods.
- Cutting boards should be utilized as food contact surfaces and not counters or plates.
- Establishment does not have 3-comp sink or commercial dishwasher - can use residential dishwasher to wash, rinse, and sanitize (use sanitize setting on washer).
- - Establishment needs to check dish washer utensil temperature weekly (160F required). If utensil temp

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Food and Beverage Establishment Inspection Report

Page 6

not reaching 160F, use washer to wash/rinse and sink basin with sanitizer solution to sanitize dishes then air dry, as discussed during inspection.

- 2-Comp sink has left basin designated for handwashing and the right basin for product washing/prep sink.
NO ITEMS TO BE PLACED IN LEFT BASIN.

- Keep tools and office supplies separate from food and cookware.

- When preparing food from raw, make sure to use a thermometer to check temperatures.

- Absolutely no items on kitchen floor under desk area to prevent harborage conditions.

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

I acknowledge receipt of the Environmental Health inspection report number
1031231072 of 04/03/23.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Yasmin Mohamad
Person in Charge

Signed: _____

Chris Foster
Public Health Sanitarian I
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us

Report #: 1031231072

m

DEPARTMENT OF HEALTH

Environmental Health

Food, Pools, and Lodging

625 Robert St. N

St. Paul

No. of RF/PHI Categories Out

7

No. of Repeat RF/PHI Categories Out

0

Legal Authority MN Rules Chapter 4626

Date

04/03/23

Time In

11:00:00

Time Out

Evensong Manor

Address

6264 Yukon Avenue North

City/State

Brooklyn Park, MN

Zip Code

55428

Telephone

6129400621

License/Permit #

0038727

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

IN= in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS=corrected on-site during inspection R= repeat violation

Compliance Status

COS

R

Supervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

Employee Health

3

IN

OUT

Mgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) 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" 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

IN

OUT

N/A

Pasteurized eggs used where required

31

Water & ice obtained from an approved source

32

IN

OUT

N/A

Variance obtained for specialized processing methods

Food Temperature Control

33

Proper cooling methods used; adequate equipment for temperature control

34

IN

OUT

N/A

N/O

Plant food properly cooked for hot holding

35

IN

OUT

N/A

N/O

Approved thawing methods used

36

X

Thermometers provided & accurate

Food Identification

37

Food properly labeled; original container

Prevention of Food Contamination

38

X

Insects, rodents, & animals not present

39

Contamination prevented during food prep, storage & display

40

Personal cleanliness

41

Wiping cloths: properly used & stored

42

Washing fruits & vegetables

COS

R

Proper Use of Utensils

43

In-use utensils: properly stored

44

Utensils, equipment & linens: properly stored, dried, & handled

45

Single-use/single service articles: properly stored & used

46

Gloves used properly

Utensil 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

X

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

Garbage & refuse properly disposed; facilities maintained

55

X

Physical facilities installed, maintained, & clean

56

X

Adequate ventilation & lighting; designated areas used

57

Compliance with MCIAA

58

Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Date: 04/03/23

Inspector (Signature)