Electronically Delivered

July 13, 2022

Administrator
Belong Health Care LLC
4809 Oxborough Gardens North
Brooklyn Center, MN 55443

RE: Project Number SL36405015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on July 8, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

**IMPOSITION OF FINES**
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

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

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

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

**CORRECTION ORDER RECONSIDERATION PROCESS**
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

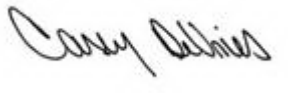
A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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

Sincerely,



Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36405 | A. BUILDING: _____ B. WING _____ | 07/08/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BELONG HEALTH CARE LLC | 4809 OXBOROUGH GARDENS NORTH BROOKLYN CENTER, MN 55443 |

| (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<br><br>Initial comments<br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br>SL36405015-0<br><br>On July 5, 2022, through July 6, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 5 residents, all of whom received services under the provider's Assisted Living license. | 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 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements | 0 480 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36405 | A. BUILDING: _____ B. WING _____ | 07/08/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BELONG HEALTH CARE LLC | 4809 OXBOROUGH GARDENS NORTH BROOKLYN CENTER, MN 55443 |

| (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 |
|---|---|---|---|---|
| 0 480 | Continued From page 1<br><br>(13) offer to provide or make available at least the following services to residents:<br><br>(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:<br><br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all five (5) residents of the facility.<br><br>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).<br><br>The findings include:<br><br>Please refer to the included document titled, Food and Beverage Establishment Inspection Report, dated July 6, 2022, for the specific Minnesota | 0 480 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36405 | A. BUILDING: _____ B. WING _____ | 07/08/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BELONG HEALTH CARE LLC** | **4809 OXBOROUGH GARDENS NORTH BROOKLYN CENTER, MN 55443** |

| (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 |
|---|---|---|---|---|
| 0 480 | Continued From page 2<br>Food Code deficiencies.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 480 | | |

Minnesota Department of Health
Food, Pools, and Lodging Services
625 Robert Street North
St. Paul
6512014500

Type: Full
Date: *07/06/22*
Time: 10:15:45
Report: 1029221201

# Food and Beverage Establishment Inspection Report



**Location:**
Belong Health Care Llc
4809 Oxborough Gardens North
Brooklyn Park, MN55443
Hennepin County, 27

**Establishment Info:**
ID #: 0037941
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 2679806520
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

**3-500B Microbial Control: hot and cold holding**
***3-501.16A2*** ***** Priority 1 *****

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

MULTIPLE TCS ITEMS MEASURED ABOVE 41°F. DISCARDED.

*Comply By: 07/06/22*

**4-700 Sanitizing Equipment and Utensils**
***4-703.11B*** ***** Priority 1 *****

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

AMANA DISHWASHER DOES NOT HAVE THE SANI RINSE OPTION, AND IS THEREFORE NOT IN ACCORDANCE WITH NSF/ANSI STANDARD 184 FOR RESIDENTIAL DISHWASHERS. MANUFACTURER DOES NOT CLAIM THIS DEVICE CAN BE USED TO SANITIZE. REPLACE OR SANITIZE BY OTHER MEANS.

*Comply By: 07/06/22*

**4-200 Equipment Design and Construction**
***4-202.16***

MN Rule 4626.0540 Provide non-food contact surfaces that are free of unnecessary ledges, projections and crevices and are designed and constructed to allow easy cleaning.

PARTIAL WOOD SHELVING IN KITCHEN CABINETRY.

*Comply By: 10/31/22*

**4-600 Cleaning Equipment and Utensils**

***4-601.11C***

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

DRAWER WITH FOOD DEBRIS. CLEAN AND MAINTAIN CLEAN.

*Comply By: 07/06/22*

**6-100 Physical Facility Construction Materials**

***6-101.11A1***

MN Rule 4626.1325A1 Provide smooth, durable, and easily cleanable floor, wall and ceiling surfaces.

CEILING IS POPCORN TEXTURE. COMPLY WITH ABOVE CITED RULE.

*Comply By: 07/31/23*

**Surface and Equipment Sanitizers**

CHLORINE: = 100 PPM at Degrees Fahrenheit
Location: SANITIZER BUCKET
Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: BUTTER
Temperature: 51 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: RICE
Temperature: 48 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: MAC&BURGER
Temperature: 50 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: MILK
Temperature: 47 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: COOKED CHICKEN
Temperature: 50 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH AN HRD SURVEY AT BELONG HEALTH CARE LLC, LOCATED AT 4809 OXBOROUGH GARDENS NORTH, BROOKLYN PARK, MN 55443.

THE INSPECTION WAS CONDUCTED IN THE PRESENCE OF STEVE, AND FRANCES THIAM,

DIRECTOR AND CFPM. ALL ISSUES WERE DISCUSSED WITH STEVE AND/OR FRANCES DURING AND AFTER THE INSPECTION. EMPLOYEE ILLNESS REPORTING AND EXCLUSION PROCEDURES WERE ALSO DISCUSSED. ALL ISSUES WERE DISCUSSED WITH LEAD HRD SURVEYOR AND HFE-NURSING EVALUATOR II, WENDY ROBARGE, MSN, PHN, FOLLOWING THE INSPECTION.

KITCHEN FLOORS ARE WOOD/PERGO, AND KITCHEN CEILINGS ARE POPCORN. KITCHEN HAS GRANITE COUNTERTOPS AND CABINETRY/SHELVING IS WOOD WITH SOME SHELVING COVERED IN LAMINATE. KITCHEN CABINETRY AND SHELVING HAS EXPOSED WOOD SURFACES.

REFRIGERATOR WAS ADJUSTED BY OPERATOR TO HAVE THE TEMPERATURE AT 41°F OR BELOW.

THE IMPORTANCE OF ADEQUATE COLD HOLDING WAS EMPHASIZED.

DISHWASHER DOES NOT HAVE THE SANI RINSE OPTION AND IS NOT IN ACCORDANCE WITH NSF INTERNATIONAL NSF/ANSI STANDARD 184 FOR RESIDENTIAL DISHWASHERS. A DISHWASHER THAT IS IN ACCORDANCE WITH THE NSF/ANSI STANDARD 184 WILL BE REQUIRED OR AN ALTERNATE METHOD OF SANITIZING WILL NEED TO BE IMPLEMENTED.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1029221201 of 07/06/22.

Certified Food Protection Manager FRANCES D. THIAM

Certification Number: FM108339 Expires: 09/29/24

**Inspection report reviewed with person in charge and emailed.**

Signed: _____

FRANCES THIAM
DIRECTOR

Signed: Trevor L McCliment

Trevor McCliment
Public Health Sanitarian
Metro District Office
651-201-3957
trevor.mccliment@state.mn.us

Report #: 1029221201

# Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Food, Pools, and Lodging Services
625 Robert Street North
St. Paul

| | | | |
|---|---|---|---|
| No. of RF/PHI Categories Out | 2 | Date | 07/06/22 |
| No. of Repeat RF/PHI Categories Out | 0 | Time In | 10:15:45 |
| Legal Authority MN Rules Chapter 4626 | | Time Out | |

| | Address | City/State | Zip Code | Telephone |
|---|---|---|---|---|
| Belong Health Care Llc | 4809 Oxborough Gardens North | Brooklyn Park, MN | 55443 | 2679806520 |

| License/Permit # | Permit Holder | Purpose of Inspection | Est Type | Risk Category |
|---|---|---|---|---|
| 0037941 | | Full | | |

## 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 | | |
| 2 | (IN) OUT N/A | | |
| | **Employee Health** | | |
| 3 | (IN) OUT | | |
| 4 | (IN) OUT | | |
| 5 | (IN) OUT | | |
| | **Good Hygenic Practices** | | |
| 6 | IN OUT (N/O) | | |
| 7 | (IN) OUT N/O | | |
| | **Preventing Contamination by Hands** | | |
| 8 | (IN) OUT N/O | | |
| 9 | (IN) OUT N/A N/O | | |
| 10 | (IN) OUT | | |
| | **Approved Source** | | |
| 11 | (IN) OUT | | |
| 12 | IN OUT N/A (N/O) | | |
| 13 | (IN) OUT | | |
| 14 | IN OUT (N/A) N/O | | |
| | **Protection from Contamination** | | |
| 15 | (IN) OUT N/A N/O | | |
| 16 | IN (OUT) N/A | | |
| 17 | (IN) OUT | | |

| | Compliance Status | COS | R |
|---|---|---|---|
| | **Time/Temperature Control for Safety** | | |
| 18 | IN OUT N/A (N/O) | | |
| 19 | IN OUT N/A (N/O) | | |
| 20 | IN OUT N/A (N/O) | | |
| 21 | IN OUT N/A (N/O) | | |
| 22 | IN (OUT) N/A | | |
| 23 | (IN) OUT N/A N/O | | |
| 24 | IN OUT (N/A) N/O | | |
| | **Consumer Advisory** | | |
| 25 | IN OUT (N/A) | | |
| | **Highly Susceptible Populations** | | |
| 26 | IN OUT (N/A) | | |
| | **Food and Color Additives and Toxic Substances** | | |
| 27 | IN OUT (N/A) | | |
| 28 | (IN) OUT | | |
| | **Conformance with Approved Procedures** | | |
| 29 | IN OUT (N/A) | | |

**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 | | Thermometers provided & accurate | | |
| | | **Food Identification** | | |
| 37 | | Food properly labled; original container | | |
| | | **Prevention of Food Contamination** | | |
| 38 | | 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 | | 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 | | Adequate ventilation & lighting; designated areas used | | |
| 57 | | Compliance with MCIAA | | |
| 58 | | Compliance with licensing & plan review | | |

**Food Recalls:**

**Person in Charge (Signature)** **Date:** 07/11/22

Inspector (Signature) Samuel McClintock