Electronically Delivered

April 24, 2023

Licensee
Havenwood of Maple Grove
18695 73rd Avenue North
Maple Grove, MN 55311

RE: Project Number(s) SL37128015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 7, 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.

The MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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.

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

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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-281-9796

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37128	A. BUILDING: _____ B. WING _____	04/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVENWOOD OF MAPLE GROVE	18695 73RD AVENUE NORTH MAPLE GROVE, MN 55311

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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: SL37128015 On April 3, 2023, through April 5, 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 were 161 active residents; 36 receiving services under the Assisted Living with Dementia Care 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. 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.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 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). 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		
0 510 SS=D	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	0 510		

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0 510	Continued From page 2 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 observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control related to glove use for one of two unlicensed personnel ((ULP)-B). The deficient practice had the potential to affect residents, employees, 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-B was hired on February 17, 2021. ULP-B was registered as a nursing assistant on November 2, 2019, and listed on the Minnesota Nursing Assistant Register Verification of Registration website as current and with an expiration date of January 15, 2024. ULP-B's Relias (an electronic training program)	0 510		

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0 510	Continued From page 3 Transcript indicated ULP-B completed training related to Personal Protective Equipment on June 22, 2021. Additionally, the transcript indicated ULP-B completed Basics of Hand Hygiene on May 5, 2022. On April 4, 2023, at approximately 8:00 a.m., ULP-B completed a blood glucose check on R4. ULP-B gathered their supplies and approached R4. ULP-B donned (put on) gloves but failed to perform hand hygiene prior. ULP-B completed the blood glucose check, doffed (took off) their gloves, and performed hand hygiene. ULP-B stated they were trained by the licensee's registered nurse when they were hired and were also a certified nursing assistant. On April 5, 2023, at approximately 12:15 p.m., licensed assisted living director (LALD)-E indicated all staff are trained to complete hand hygiene before donning and after doffing gloves. LALD-E indicate the licensee's expectations are all employees are to follow the licensee's policy and procedure regarding glove use. The licensee's Glove Use policy dated February 10, 2022, indicated hands are to be washed (hand hygiene) prior to donning and after doffing gloves each time. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled	0 650		

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0 650	Continued From page 4 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 registered nurse (RN) documented training and competencies for unlicensed personnel ((ULP)-B) who would provide medications for residents with unplanned time away from home when a licensed nurse was not available. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred	0 650		

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0 650	Continued From page 5 only occasionally). The findings include: ULP-B was hired on February 17, 2021. On April 3, 2023, at approximately 12:00 p.m., licensed assisted living director (LALD)-E provided ULP-B's employee record and indicated all training would be included in the record. ULP-B's Unlicensed Personnel Training and Competency Evaluation form with dates ranging from April 27, 2021, to April 28, 2021, lacked documentation ULP-B was provided training under the topic, "Preparing medications for residents leaving the building." ULP-B's Supervision of Team Members/Supervisory Visit Form with date range of March 1, 2022, to March 16, 2022, indicated ULP-B, "Met," performance expectations for medication administration. On April 4, 2023, at approximately 8:00 a.m., observed ULP-B provide oral medication to R4 who resided in the licensee's memory care unit. ULP-B stated they were trained for medication administration by the licensee's RN when they were hired. On April 5, 2023, at approximately 12:15 p.m., licensed assisted living director (LALD)-E and clinical nurse supervisor (CNS)-D indicated ULP-B was trained for unplanned time away from home, but was not documented in their record. LALD-E indicated when the new ownership obtained the license, they provided the appropriate training, but documentation was lacking.	0 650		

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0 650	Continued From page 6 The licensee's Training Documentation - Minnesota policy dated February 10, 2022, indicated a record of all training and competency for staff will be maintained by the licensee. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medication was administered as prescribed for one of three residents (R3). 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	01760		

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01760	Continued From page 7 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On April 4, 2023, at 2:00 p.m., the surveyor observed unlicensed personnel (ULP)-G administer R3's scheduled 2:00 p.m. medications. R3's diagnoses included, but were not limited to, type 2 diabetes (elevated levels of blood glucose (or blood sugar)). R3's service plan dated February 13, 2023, indicated R3 received services which included medication administration. R3's medication administration record (MAR) dated March 2023, lacked documentation of administration of the following medication: - Lantus Solostar 100 Unit/milliliter (ml) Inject 42 units subcutaneously at bedtime on March 19, 2023. R3's prescriber orders dated March 20, 2023, included an order for insulin glargine (Lantus Solostar) 100 Unit/ml Inject 42 units subcutaneously before bedtime. On April 05, 2023, at 12:30 p.m. registered nurse (RN)-D verified R3's Insulin medication record lacked documentation of administration and reasons were not documented for the above listed date.	01760		

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01760	Continued From page 8 The licensee's Documentation of Medication Treatment, and Therapy Management Services policy dated February 10, 2022, indicated documentation for all tasks would be completed immediately after completion. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and	01940		

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01940	Continued From page 9 monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a treatment management record to include all required content for one of two residents (R4) who had a treatment. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R4 was admitted on October 2, 2022, and started to receive services on November 7, 2022. R4's diagnosis included type 2 diabetes, hypertension (high blood pressure), and dementia. R4's Uniform Assessment Tool dated March 25, 2023, indicated under Medication Management R4 received a treatment of blood glucose monitoring. R4's untitled document dated March 27, 2023, identified by licensed assisted living director	01940		

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01940	Continued From page 10 (LALD)-E as R4's current order for blood glucose checks read, "blood sugars once daily and PRN (as needed)." R4's medication administration record (MAR) dated April 2023, indicated R4 received blood glucose checks two times each day at 8:15 a.m., and at 3:30 p.m. On April 4, 2023, at approximately 8:00 a.m., observed unlicensed personnel (ULP)-B complete a blood glucose check on R4. ULP-B indicated they had been trained to contact the nurse if there was a result higher than 400 but did not indicate when they would contact a nurse if the reading was low or the criteria for a low reading. R4's Service Plan Agreement Appendix B-1 with effective date of April 4, 2023, under Service Type: Blood Glucose Check read, "Notify the nurse if BS is more than 400." The service plan lacked identification of instruction if the blood glucose check resulted in a low reading. On April 5, 2023, at approximately 12:15 p.m., LALD-E and clinical nurse supervisor (CNS)-D indicated all staff are trained during orientation to contact the nurse if there are any low blood glucose readings, but stated R4's treatment management record lacked identification of R4's low range criteria. LALD-E indicated the provider would need to be contacted and an order with the specific high and low blood glucose readings would need to be obtained to complete R4's treatment management record. The licensee's Training Unlicensed Personnel for Medication, Treatment, and Therapy Administration - Minnesota policy dated February 10, 2022, indicated nurse would train when ULPs	01940		

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01940	Continued From page 11 would contact the nurse related to treatments and when problems arose with the treatments. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to update a new provider order for one of two residents (R4) who had a treatment. 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).	01960		

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01960	Continued From page 12 The findings include: R4 was admitted on October 2, 2022, and started to receive services on November 7, 2022. R4's diagnosis included type 2 diabetes, hypertension (high blood pressure), and dementia. R4's Uniform Assessment Tool dated March 25, 2023, indicated under Medication Management R4 received a treatment of blood glucose monitoring. R4's untitled document dated November 4, 2022, identified by licensed assisted living director (LALD)-E as R4's discontinued order for blood glucose checks read, "3) Check BS BID (two times a day) until further notice am and before supper. Call if BS > (greater than) 400." R4's untitled document dated March 27, 2023, identified by LALD-E as R4's current order for blood glucose checks read, "blood sugars once daily and PRN (as needed)." R4's medication administration record (MAR) dated April 2023, indicated R4 received blood glucose checks two times each day at 8:15 a.m., and at 3:30 p.m. on April 1, through April 3, 2023, and the morning of April 4, 2023. On April 4, 2023, at approximately 8:00 a.m., observed unlicensed personnel (ULP)-B complete a blood glucose check on R4 and record the results in R4's MAR. R4's Service Plan Agreement Appendix B-1 with effective date of April 4, 2023, included Service	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37128	A. BUILDING: _____ B. WING _____	04/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVENWOOD OF MAPLE GROVE	18695 73RD AVENUE NORTH MAPLE GROVE, MN 55311

(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
01960	Continued From page 13 Type: Blood Glucose Check two times with one scheduled at 8:20 a.m., and the second scheduled at 3:30 p.m. On April 5, 2023, at approximately 12:15 p.m., LALD-E and clinical nurse supervisor (CNS)-D indicated R4's current order indicated R4 should only have a blood glucose reading one time a day and as needed, but currently R4 was having their blood glucose checked two times a day. LALD-E stated the order was supposed to be sent to the pharmacy to be processed and R4's orders should have been updated to reflect the current order. The licensee's Documentation of Medication, Treatment, and Therapy Management Services policy dated February 10, 2022, indicated the nurse who received the order would have documented actions to implement a new order when received. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37128	A. BUILDING: _____ B. WING _____	04/07/2023

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02310	Continued From page 14 review, the licensee failed to provide assisted living care and services that are appropriate based on the needs of residents who reside on a memory care unit. This had the potential to impact all residents who resided in the memory care unit. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On April 4, 2023, at approximately 8:15 a.m., the evaluator opened an unlocked drawer located under the island in the common area kitchen of the licensee's memory care unit. In said drawer, a consumer style lighter, commonly used to ignite candles, was observed in the right side of the drawer next to a utensil organizer. On April 4, 2023, at approximately 10:00 a.m., evaluator directed registered nurse (RN)-A to the lighter. RN-A immediately indicated the lighter should not be in the drawer and was not appropriate to be stored in the memory care area unsecured due to the safety of the residents. RN-A stated they were unsure where the lighter originated from but would investigate for the source by discussing with staff. RN-A proceeded to remove the lighter from the drawer and secured it in the locked nursing office. On April 5, 2023, at approximately 12:15 p.m.,	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37128	A. BUILDING: _____ B. WING _____	04/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02310	Continued From page 15 licensed assisted living director (LALD)-E and clinical nurse supervisor (CNS)-D indicated a lighter should not be stored in memory care and the licensee does not allow flammable items in the facility due to the safety of the residents. LALD-E indicated all staff would be reminded of the licensee's expectations related to flammable items. The licensee's undated Resident Handbook Assisted Living & Memory Care identified by LALD-E as licensee's current version, indicated on page 15 no flammable materials including propane would be allowed in the facility. Additionally, on page 16, the handbook indicated facility was a smoke free environment. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

DEPARTMENT OF HEALTH

Type: Full
Date: *04/03/23*
Time: 11:49:30
Report: 1036231073

Food and Beverage Establishment Inspection Report

Location:
Havenwood Of Maple Grove Al
18695 73rd Avenue North
Maple Grove, MN55311
Hennepin County, 27

Establishment Info:
ID #: 0038730
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 7633638640
ID #:

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

The following orders were issued during this inspection.

4-600 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.

OBSERVED SOME FOOD RESIDUE BUILD UP ON KITCHEN CAN OPENER. CLEAN AT A GREATER FREQUENCY TO PREVENT SUCH ACCUMULATION.

Comply By: 04/17/23

2-100 Supervision

2-102.12AMN

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

NO CURRENT CFPM AT ESTABLISHMENT. CFPM INSTRUCTIONS AND APPLICATION EMAILED TO KITCHEN MANAGER.

Comply By: 06/06/23

Surface and Equipment Sanitizers

Hot Water: = at 160.9 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

QUATERNARY AMMONIA: = 200 PPM at Degrees Fahrenheit
Location: 3 COMP SINK DISPENSER
Violation Issued: No

QUATERNARY AMMONIA: = 200 PPM at Degrees Fahrenheit
Location: KITCHEN SANI BUCKET
Violation Issued: No

Food and Equipment Temperatures

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

Process/Item: Cold Hold/HAM
Temperature: 40 Degrees Fahrenheit - Location: HOSHIZAKI PREP COOLER TOP
Violation Issued: No

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

Process/Item: Cold Hold/CHOP TOMATO
Temperature: 40 Degrees Fahrenheit - Location: SALAD PREP COOLER TOP
Violation Issued: No

Process/Item: Cold Hold/SHRED LETTUCE
Temperature: 39 Degrees Fahrenheit - Location: SALAD PREP COOLER BOTTOM
Violation Issued: No

Process/Item: Cold Hold/MILK
Temperature: 40 Degrees Fahrenheit - Location: HOSHIZAKI REACH IN COOLER
Violation Issued: No

Process/Item: Cold Hold/DRESSING
Temperature: 39 Degrees Fahrenheit - Location: HOSHIZAKI SINGLE DOOR COOLER
Violation Issued: No

Process/Item: Hot Holding/STUFF PEPPERS
Temperature: 173 Degrees Fahrenheit - Location: STEAM WELL
Violation Issued: No

Process/Item: Hot Holding/SOUP
Temperature: 162 Degrees Fahrenheit - Location: CAYENNE SOUP WARMER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: -4 Degrees Fahrenheit - Location: HOSHIZAKI REACH IN FREEZER
Violation Issued: No

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

Type: Full
Date: *04/03/23*
Time: 11:49:30
Report: 1036231073
Havenwood Of Maple Grove Al

Food and Beverage Establishment Inspection Report

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS BRANDON MUELLER. INSPECTION CONDUCTED IN PRESENCE OF COURTNEY, THE KITCHEN MANAGER.

THESE ADDITIONAL TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:

- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- THERMOMETER USE AND CALIBRATION
- SANITIZER USE AND TEST KITS
- PEST MANAGEMENT

FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

**IF ANY RESIDENTS OR STAFF COMPLAIN OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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

I acknowledge receipt of the inspection report number 1036231073 of 04/03/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Inspection report reviewed with person in charge and emailed.

Signed:_____ Signed:_____

COURTNEY
KITCHEN MANAGER

Jeff Johanson