



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 8, 2022

Administrator
Serenity Suites Senior Living
1381 May Street
Wabasso, MN 56293

RE: Project Number(s) SL33940015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on May 11, 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

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

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St. Paul, MN 55164-0970

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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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 507-344-2730 Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/11/2022
NAME OF PROVIDER OR SUPPLIER SERENITY SUITES SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1381 MAY STREET WABASSO, MN 56293		
(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 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: SL#33940015 On May 9, 2022, through May 11, 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 18 residents, all of whom received services; under the provider's 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.	
0 130 SS=F	144G.12, Subd. 1 Application for Licensure Each application for an assisted living facility	0 130		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 130	Continued From page 1 license, including provisional and renewal applications, must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater	0 130		

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0 130	Continued From page 2 and that specifies their relationship with the licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or	0 130		

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0 130	Continued From page 3 1001.201; (v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; (vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period; (vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority; (viii) any revocation or suspension of accreditation; or (ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program; (14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings; (15) the signature of the owner of the licensee, or an authorized agent of the licensee; (16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked	0 130		

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0 130	Continued From page 4 under a private or state-controlled receivership, or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to meet the requirements of licensure for the assisted living with dementia care license they possessed. This had the potential to affect all 18 residents, staff, and visitors. 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: The licensee's assisted living with dementia care license effective August 1, 2021, indicated a capacity of 15 assisted living with dementia care residents. During the survey entrance conference on May 9, 2022, at approximately 11:00 a.m. the surveyor requested a current resident list and registered nurse/licensed assisted living director (RN/LALD)-A provided a current resident list, which included 18 residents. On May 9, 2022, at 11:35 a.m. RN/LALD-A	0 130		

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0 130	Continued From page 5 verified the licensed resident capacity was 15 and confirmed the licensee's current census was 18. RN/LALD-A stated the licensee was aware they had a capacity above the licensed resident capacity. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 130		
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: (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: (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 according to the Minnesota Food Code. This had the potential to affect the licensee's current residents.	0 480		

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0 480	Continued From page 6 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: Please refer to the additional documentation included in the "Food and Beverage Establishment Inspection Reports" dated May 9, 2022. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 650 SS=D	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	0 650		

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0 650	Continued From page 7 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. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for one of two employees (unlicensed personnel (ULP)-B) with employee records reviewed. 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 clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-B had a hire date of July 16, 2018, and provided comprehensive home care services for the licensee until August 1, 2021, when the licensee obtained an assisted living with dementia care license. ULP-B's employee record lacked	0 650		

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0 650	Continued From page 8 evidence an annual performance review was completed. On May 11, 2022, at approximately 1:29 p.m. registered nurse/licensed assisted living director (RN/LALD)-A confirmed ULP-B's employee record did not have an up-to-date performance review. ULP-B's last documented annual performance review was July 16, 2020. The licensee's Personnel Records policy dated August 1, 2021, indicated the personnel record for each employee will include performance evaluations which identify areas of improvement needed and training needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
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 maintain 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	0 800		

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0 800	Continued From page 9 the health, safety, comfort, and well-being of the residents. This deficient condition had the ability to affect all staff and residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: On a facility tour on May 10, 2022, at approximately 10:40 a.m. with Licensed Assisted Living Director (LALD)-A, it was observed that the fire sprinkler riser did not have any annual maintenance tags indicating that annual inspections had been performed since it was put in service. During interview, LALD-A indicated that the building was constructed in 2018 but had only been employed there for the past year so could not verify if any annual inspections have been conducted on the system. Maintenance records were requested to verify compliance but were not provided. Annual inspections of the automatic fire sprinkler system are required by NFPA standards and Minnesota State Fire Code to ensure that all systems are maintained and remain in working order. On the same facility tour it was also observed that the fire alarm system did not have any indication that annual inspection and maintenance had been performed on the system. Maintenance records were requested to verify compliance but were not provided. Annual inspections of the fire	0 800		

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0 800	Continued From page 10 alarm system are required by NFPA standards and Minnesota State Fire Code to ensure that all systems are maintained and remain in working order. TIME PERIOD FOR CORRECTION: Seven (7) 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 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	0 810		

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0 810	Continued From page 11 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 a record review and interview, 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 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). Findings include: A record review and interview were conducted on May 10, 2022, at approximately 9:40 a.m. with Licensed Assisted Living Director (LALD)-A on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation indicated that the licensee did not have employee actions to be taken in the event of a fire or similar emergency. During interview, LALD-A indicated that the fire safety and evacuation plan for the facility lacked these provisions.	0 810			

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0 810	Continued From page 12 Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the fire safety and evacuation plan. During interview, LALD-A indicated that the fire safety and evacuation plan for the facility lacked these provisions. Record review of the available documentation indicated that the fire safety and evacuation plan did not include 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. During interview, LALD-A indicated that the fire safety and evacuation plan for the facility lacked these provisions. Record review of available documentation indicated that the licensee did not provide employee training on the fire safety and evacuation plan twice per year after the training it initial hire. During interview, LALD-A stated that the licensee policy is to train employees on fire safety and evacuation annually after initial hire. Record review of the available documentation indicated that the licensee did not provide annual training to residents who can assist in their own evacuation on the proper actions to take in the event of a fire to include movement, evacuation, or relocation as required by statute. During interview, LALD-A stated that the licensee has several residents capable of self-evacuation even though the facility is licensed for dementia care. LALD-A also stated that the licensee has not provided annual training to residents capable of self-evacuation. A policy on resident training for fire safety and evacuation but one was not able to	0 810		

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0 810	Continued From page 13 be provided. Record review of the available documentation indicated that the licensee did not conduct evacuation drills every other month as required by statute. During interview, LALD-A stated that licensee has not conducted evacuation drills for the employees to date at the time of survey. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 970 SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all current residents. 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	0 970		

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0 970	Continued From page 14 or has potential to affect a large portion or all the residents). Findings include: On May 9, 2022, at approximately 11:00 a.m. a copy of the facility's contract was requested. The contract included a clause that indicated the "resident will indemnify and hold harmless provider, its employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by resident of the rented premises or any other party provider's property, or caused wholly or in part by an act or omission of resident or resident's guests or agents." In addition, "provider is not liable to resident or resident's guests for any injury, death or property damage occurring in the apartment unit or on provider's premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by resident or resident's guests. Provider is also not liable for any injury, death or damage occurring as the result of resident's receipt or health-related, supportive or other services from third party providers." The contract further indicated "...resident agrees to hold the Provider harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the apartment or on the community premises." On May 9, 2022, at approximately 11:50 a.m. registered nurse (RN)-C confirmed the licensee's assisted living contract contained a waiver of liability on page 15 #2 and #4. RN-C further	0 970		

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0 970	Continued From page 15 stated there was an updated version completed for review and signature available. The licensee's Assisted Living Contracts policy undated, indicated the contract must not include a waiver of facility liability for the health and safety or personal property of a resident The contract must not include any provision that the facility knows or should know to be deceptive, unlawful or unenforceable under state or federal law, not include any provision that requires or implies a lesser standard of care or responsibility than is required by law. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal	01500		

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01500	Continued From page 16 of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.	01500		

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01500	Continued From page 17 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment for one of two employees (unlicensed personnel (ULP)-B) with training records reviewed. 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 employee records lacked evidence of eight hours of annual training. ULP-B had a hire date of July 16, 2018, and provided comprehensive home care services for the licensee until August 1, 2021, when the licensee obtained an assisted living with dementia care license. On May 11, 2022, at 1:29 p.m. registered nurse/licensed assisted living director (RN/LALD)-A confirmed annual training had not been completed for ULP-B. The licensee's Assisted Living and/or Assisted Living with Memory Care Annual Training dated August 1, 2021, indicated direct-care staff will complete eight hours of annual training for each 12 months of employment.	01500		

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01500	Continued From page 18 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information for one of one resident (R1) with records reviewed. 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: Unlicensed personnel (ULP)-B opened a Basaglar Kwikpen (long-acting insulin) 100 unit/milliliter (ml) that lacked an original prescription label with information regarding the directions for use, medication name, medication	01890		

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01890	Continued From page 19 dosage, resident's name, and the pharmacy in which it had been issued. On May 10, 2022, at approximately 8:56 a.m. ULP-B prepared a Basaglar Kwikpen pen for administration to R1. The Basaglar Kwikpen included a date opened of May 8, 2022. On May 10, 2022, at approximately 8:59 a.m. ULP-B verified Basaglar Kwikpen did not include an original prescription label. On May 10, 2022, at approximately 11:15 a.m. registered nurse/licensed assisted living director (RN/LALD)-A confirmed all medications should have original labels, and requested this from local pharmacy. The licensee's Storage of Medications policy dated August 1, 2021, indicated a legend drug must be kept in its original container bearing the original prescription label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration date of time-dated drug, directions for use, resident's name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or	01910		

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01910	Continued From page 20 medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of medications, including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition for one of one discharged resident (R3) with record review. 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 only occasionally).	01910		

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01910	Continued From page 21 The findings include: R3 admitted to the licensee on April 8, 2022. R3's diagnoses included diabetes. R3's Service Plan dated April 11, 2022, identified R3 received services of bathing assistance, dressing assistance, medication assistance, laundry, meals and housekeeping. R3 was discharged from the licensee on April 24, 2022. R3's record lacked documentation of a disposition of medications upon discharge. On May 10, 2022, at approximately 11:18 a.m. registered nurse/licensed assisted living director (RN/LALD)-A confirmed the licensee did not complete a disposition of medications upon R3's discharge. The licensee's Disposition or Disposal of Medication's policy dated August 1, 2021, indicated staff will document in the resident's record (Rtasks) the name of the person to whom the medications were given, the time and date, the name of each medication and the amount of the medication remaining. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the	02040		

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02040	Continued From page 22 following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to provide hazard vulnerability assessment or safety risk assessment of the physical environment on and around the property for the facility. This deficient practice had the ability 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 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). Findings include: A record review and interview were conducted on May 10, 2022, at approximately 9:40 a.m. with Licensed Assisted Living Director (LALD)-A on the hazard vulnerability assessment for the physical environment of the facility. Record review of the available documentation indicated that the licensee had not performed a hazard vulnerability assessment with mitigation	02040		

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02040	Continued From page 23 factors on and around the property. During interview, LALD-A stated that licensee had conducted a hazard vulnerability assessment for the emergency disaster plan for the facility but had not conducted a hazard vulnerability assessment of the physical environment with mitigation factors on and around the property to date at the time of survey. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	02040		
02110 SS=D	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and	02110		

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02110	Continued From page 24 efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure policies and procedures for assisted living with dementia care were provided to residents and the residents legal and designated representatives at the time of move-in for two of two residents (R1, R2) with records reviewed. 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: R1 and R2's records lacked evidence R1 and R2's legal and designated representative were provided the licensee's policies and procedures related to assisted living with dementia care as required.	02110		

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NAME OF PROVIDER OR SUPPLIER SERENITY SUITES SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1381 MAY STREET WABASSO, MN 56293		
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02110	Continued From page 25 R1 R1 was admitted for services on December 11, 2021, under the assisted living with dementia care license. R1's diagnoses included diabetes type II. R1's service plan dated January 1, 2022, indicated the resident received services which included bathing assistance, housekeeping, medication administration, and blood glucose. R2 R2 was admitted for services on February 5, 2022, under the assisted living with dementia care license. R2's diagnoses included anxiety (intense, excessive, and persistent worry and fear about everyday situations). R2's service plan dated February 5, 2022, indicated the resident received services which included bathing assistance, laundry, and medication administration. On May 10, 2022, at approximately 3:17 p.m. registered nurse/licensed assisted living director (RN/LALD)-A confirmed the required policies and procedures had not been provided to R1 or R2's legal and/or designated representative at time of move-in. The licensee's Assisted Living with Dementia Care (ALDC) policy undated, indicated the following policies and procedures must be provided to residents and the residents' legal and designated representatives at time of move-in:	02110		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/11/2022
NAME OF PROVIDER OR SUPPLIER SERENITY SUITES SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1381 MAY STREET WABASSO, MN 56293		
(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
02110	Continued From page 26 -Philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; -Evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; -Wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; -Medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; -Staff training specific to dementia care; -Description of life enrichment programs and how activities are implemented; -Description of family support programs and efforts to keep the family engaged; -Limiting the use of public address and intercom systems for emergencies and evacuation drills only; -Transportation coordination and assistance to and from outside medical appointments; and -Safekeeping of residents' possessions. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		

Type: Full
Date: 05/09/22
Time: 10:30:00
Report: 1030221004

Food and Beverage Establishment Inspection Report

Page 1

Location:

Serenity Suites Senior Living
1381 May Street
Wabasso, MN56293
Redwood County, 64

Establishment Info:

ID #: 0037980
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5073422300
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.

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

Observed no test strips available for the Quat. Sanitizer located near the 3 comp sink. PIC stated they will contact supply company to get some. Inspector left quat. test strips for use until they receive them.

Comply By: 05/09/22

4-100 Equipment Construction Materials

4-101.19

MN Rule 4626.0495 Remove non-food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling, or that require frequent cleaning, that are not constructed of a corrosion-resistant, non-absorbent, and smooth material.

Observed cardboard covering the inside bottom shelf of the Norlake upright freezer. Observed PIC removed and discarded the cardboard.

Corrected on Site

Surface and Equipment Sanitizers

Quaternary ammonium: = at Degrees Fahrenheit

Location: Not in use - 3 comp sink

Violation Issued: No

Hot water: = at 178.3 Degrees Fahrenheit

Location: Dishwasher

Violation Issued: No

Food and Equipment Temperatures

Type: Full
Date: 05/09/22
Time: 10:30:00
Report: 1030221004
Serenity Suites Senior Living

Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Stroganoff sauce
Temperature: 172.6 Degrees Fahrenheit - Location: cook temp located on stove
Violation Issued: No

Process/Item: Noodles
Temperature: 198.2 Degrees Fahrenheit - Location: cook temp located on stove
Violation Issued: No

Process/Item: Peas
Temperature: 156.6 Degrees Fahrenheit - Location: hot holding located on stove
Violation Issued: No

Process/Item: Ambient temp
Temperature: -20.0 Degrees Fahrenheit - Location: Upright Freezer
Violation Issued: No

Process/Item: Baked potato
Temperature: 38.1 Degrees Fahrenheit - Location: Upright Norlake Cooler #4
Violation Issued: No

Process/Item: Ambient temp
Temperature: 38.7 Degrees Fahrenheit - Location: Upright Norlake Cooler #5 prep fridge
Violation Issued: No

Process/Item: Sausage
Temperature: 40.5 Degrees Fahrenheit - Location: Upright Norlake Cooler #5 prep fridge
Violation Issued: No

Process/Item: Ambient temp
Temperature: 40.1 Degrees Fahrenheit - Location: Condiment Cooler
Violation Issued: No

Process/Item: Butter
Temperature: 41.0 Degrees Fahrenheit - Location: Condiment Cooler
Violation Issued: No

Process/Item: Ambient
Temperature: 34.0 Degrees Fahrenheit - Location: Upright Norlake Cooler #4 (outside dial)
Violation Issued: No

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

This was an inspection completed in conjunction with MDH Health Regulations Division (HRD) survey and requested by Jenn Panitzke, HRD team lead.

Violations were discussed with Anne Lemcke, Executive Director and Melissa Burns, PIC and MN Certified Food Protection Manager (CFPM), and Jenn Panitzke, MDH HRD team lead.

Also the following was discussed:

Employee illness policy and log
Vomit/fecal incident clean up procedures

Type: Full
Date: 05/09/22
Time: 10:30:00
Report: 1030221004
Serenity Suites Senior Living

Food and Beverage Establishment Inspection Report

Page 3

Food preparation (same day service and leftovers are available for staff)
Food temperatures
Thermometer use and calibration
Prevention of bare hand contact
Serving highly susceptible populations - Using only pasteurized eggs and juice
Food allergens
Cleaning and sanitizing food contact surfaces, and dishes & utensils
Sanitizer use and test kits

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 1030221004 of 05/09/22.

Certified Food Protection Manager: Mellissa Burns

Certification Number: FM105529 Expires: 02/12/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Anne Lemcke
Executive Director

Signed: Denise Schumacher

Denise Schumacher

Marshall DO
denise.schumacher@state.mn.us

Report #: 1030221004

Food Establishment Inspection Report



No. of RF/PHI Categories Out

0

Date 05/09/22

No. of Repeat RF/PHI Categories Out

0

Time In 10:30:00

Legal Authority MN Rules Chapter 4626

Time Out

Serenity Suites Senior Living

Address

1381 May Street

City/State

Wabasso, MN

Zip Code

56293

Telephone

5073422300

License/Permit #
0037980

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 procedure 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 procedures 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

Compliance Status		COS	R
Safe Food and Water			
30	☒ IN ☐ OUT ☐ N/A	Pasteurized eggs used where required	
31	☐ IN ☐ OUT ☐ N/A	Water & ice obtained from an approved source	
32	☐ IN ☐ OUT ☒ N/A	Variance obtained for specialized processing methods	
Food Temperature Control			
33	☐ IN ☐ OUT ☐ N/A ☐ N/O	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	☐ IN ☐ OUT ☐ N/A ☐ N/O	Thermometers provided & accurate	
Food Identification			
37	☐ IN ☐ OUT ☐ N/A ☐ N/O	Food properly labeled; original container	
Prevention of Food Contamination			
38	☐ IN ☐ OUT ☐ N/A ☐ N/O	Insects, rodents, & animals not present	
39	☐ IN ☐ OUT ☐ N/A ☐ N/O	Contamination prevented during food prep, storage & display	
40	☐ IN ☐ OUT ☐ N/A ☐ N/O	Personal cleanliness	
41	☐ IN ☐ OUT ☐ N/A ☐ N/O	Wiping cloths: properly used & stored	
42	☐ IN ☐ OUT ☐ N/A ☐ N/O	Washing fruits & vegetables	

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

Food Recalls:

Person in Charge (Signature)

Date: 05/24/22

Inspector (Signature)