Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 5, 2023

Licensee
Rose Haven Assisted Living Inc
37 6th Street Southeast
Menahga, MN 56464

RE: Project Number(s) SL29268015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 23, 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,

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 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
	29268	A. BUILDING: _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE HAVEN ASSISTED LIVING INC	37 6TH STREET SE MENAHGA, MN 56464

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL29268015-0 On August 21, 2023, through August 23, 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 13 active residents receiving services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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.	
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including	0 800		

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0 800	Continued From page 1 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 the health, safety, comfort, and well-being of the residents. This deficient condition had the ability to affect a limited number of 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) 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). Findings include: On facility tour with the Licensed Assisted Living Director (LALD)-A on August 21, 2023, between approximately 12:00 p.m. and 2:30 p.m., it was observed that an outlet cover was missing near the storage room of the upper-level balcony overlooking rooms 12 and 13. This deficient condition was visually verified by LALD-A accompanying on the tour. It was also observed that oxygen cylinders were	0 800		

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0 800	Continued From page 2 in use in Room 12, but no signs were posted in the area. Signs are required to be posted on the area (door or wall) entering the room so as to alert others of the use of oxygen. This deficient condition was visually verified by LALD-A accompanying on the tour. 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.	0 810		

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0 810	Continued From page 3 (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on record review, observation, and interview, the licensee failed to develop a fire safety and evacuation plan with required elements and failed to provide training on fire safety and evacuation to residents capable of self-evacuation. 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 August 21, 2023, at approximately 2:30 p.m. with the Licensed Assisted Living Director (LALD)-A on the fire safety and evacuation plan, fire safety and evacuation training, and fire safety and evacuation drills for the facility. Record review of the fire safety and evacuation plan indicated that the plan did not have provisions for fire protection procedures	0 810		

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0 810	Continued From page 4 necessary for residents. LALD-A stated that the procedures were discussed with the residents upon admission, but no procedure documents were available in the fire safety and evacuation plan. Record review of the fire safety and evacuation training indicated that residents who are capable of assisting in their own evacuation were not trained on the proper actions at least once a year. LALD-A stated that this will be implemented into resident meetings as he was unaware of its requirement. This deficient condition was verbally verified by LALD-A during interview. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=C	144G.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 assisted living contract did not include language waiving the facility's liability for health, safety, or personal property for two of two resdients (R1, R2). This	0 970		

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0 970	Continued From page 5 had the potential to affect all 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 or has the potential to affect a large portion or all the residents). The findings include: On August 21, 2023, at 11:20 a.m., during the entrance conference, the surveyor asked for a copy of the facility's assisted living contract. The assisted living contract provided included three clauses that indicated the resident would waive the facility's liability for health, safety, or personal property of the resident. -Page 16, section 27, B. Indemnification of the assisted living contract indicated as an occupant of [name of facility], tenant will indemnify and hold harmless landlord, 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 tenant of the rented premises or any other part of the landlords property, or caused wholly or in apart by an act or omission of tenant. -Page 16, section 27, D. Liability of the assisted living contract indicated the landlord was not liable to resident for any injury, death or property damage occurs as the result of landlord's own negligent acts or those of its employees or agents. Unless caused by one of the aforementioned excepted reasons, tenant agrees to hold landlord harmless from any and all claims	0 970		

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0 970	Continued From page 6 of injuries, property damage or any other loss resulting from and accident or other occurrence in the apartment or on providers. -Page 16, section 27, F. Personal property of the assisted living contract indicated tenant agrees that landlord is not responsible for any loss or damage to tenant's personal property due to any reason or cause, including theft, other than the landlord's own negligence. You further agree the landlord is not responsible for damage of personal property due to fire, water, tornado or other acts of nature and events beyond landlord's control. On August 21, 2023, at 12:15 p.m., licensed assisted living director (LALD)-A stated the facility provided the same assisted living contract to all residents. LALD-A reviewed section 27 of the contract, and stated he was not aware waivers of liability were prohibited in the assisted living contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation;	01060		

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01060	Continued From page 7 (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to notify the Office of Ombudsman for Long-Term Care (OOLTC) of a resident emergency relocation within four days for one of one resident (R1).	01060		

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01060	Continued From page 8 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's diagnoses included diabetes (low blood sugar), hypertension (high blood pressure) and hypothyroidism (underactive thyroid). R1's service plan dated March 24, 2023, indicated R1 received assistance with medication administration, blood glucose monitoring, bathing assistance, behavior monitoring, safety checks, housekeeping and laundry. R1's Progress Notes indicated R1 had a hospital stay from May 29, 2023, through June 6, 2023, as indicated below: -On June 29, 2023, at 10:43 a.m., licensed practical nurse (LPN)-C noted R1 was admitted for possible heart failure and/or pneumonia. County case worker, family and licensee's clinical nurse supervisor (CNS)-B was notified. -On June 29, 2023, at 12:13 p.m., licensed assisted living director (LALD)-A noted emergency relocation notification, indicating the following: transferred to acute [name} hospital stay, for congestion, lethargic and high temperature, length of stay unsure at this point. -On July 6, 2023, at 1:15 p.m., LPN-C noted R1 returned to facility from the hospital.	01060		

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01060	Continued From page 9 On August 22, 2023, at 11:23 a.m., LALD-A stated he did not notify OOLTC of R1's emergency relocation, he had completed it in the past with other residents, "I just didn't do it this time". Additionally, he stated, the family, and county case worker was notified of the emergency relocation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective	01620		

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01620	Continued From page 10 resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN) completed a change in condition assessment after a return from the hospital for one of one resident, (R1). 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 occasional). The findings include: R1's diagnoses included diabetes (low blood sugar), hypertension (high blood pressure) and hypothyroidism (underactive thyroid). R1's service plan dated March 24, 2023, indicated R1 received assistance with medication administration, blood glucose monitoring, bathing assistance, behavior monitoring, safety checks, housekeeping, and laundry. R1's Progress Notes indicated R1 had a hospital stay from May 29, 2023, through June 6, 2023, as indicated below: -On June 29, 2023, at 10:43 a.m., licensed practical nurse (LPN)-C noted "R1 very weak, lethargic, and confused this morning. Temp 101.8. Writer transported to [hospital] emergency department. R1 admitted for possible heart failure and/or pneumonia. Plan was to do a chest	01620		

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01620	Continued From page 11 computerized tomography (CT) scan to determine diagnosis. R1 placed on hold and room locked. County Case worker notified. Family notified; registered nurse (RN) notified." -On June 29, 2023, at 12:16 p.m., licensed assisted living director (LALD)-A noted "emergency relocation notification, transferred to acute [name] hospital, for congestion, lethargic and high temperature for two (2) days, estimated length of stay unsure at this point. -On July 6, 2023, at 1:15 p.m., LPN-C noted "R1 returned to [facility] from the hospital with writer transporting. New orders include adding Diltiazem HCL 180 milligrams (mg) once daily. Vitals taken; lung sounds clear posteriorly. R1 has a yeast looking rash in groin area, as needed (prn) nystatin being used until clear. Edema in lower extremities at baseline. R1 ambulating with a wheeled walker at baseline, denies need for additional help from staff for transfers, may need some additional help with bathing and cares, will alert staff if needed. Hospitalist made appointment to have mammogram done next week due to mass being detected on left breast on CT scan. R1 requests appointment for mammogram be cancelled as mass was addressed with oncologist recently and biopsy results were benign. Follow up appointment scheduled with primary care provider (PCP) with chest x-ray. County case worker updated on return; RN notified." On August 22, 2023, at 1:45 p.m., clinical nurse supervisor (CNS)-B stated a change in condition assessment was not completed on R1 following hospital stay. Additionally, she stated vital signs were completed, listened to lungs, and R1 was at her baseline, and did not think a comprehensive assessment was needed.	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29268	A. BUILDING: _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE HAVEN ASSISTED LIVING INC	37 6TH STREET SE MENAHGA, MN 56464

(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
01620	Continued From page 12 The license's Initial and On-Going Nursing Assessment of Residents under the comprehensive licensed agency dated October 14, 2022, indicated the RN will reassess the resident if the resident has a change in condition. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01890 SS=E	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 time sensitive medications were labeled with an expiration date for for two of two residents (R1, R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29268	A. BUILDING: _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE HAVEN ASSISTED LIVING INC	37 6TH STREET SE MENAHGA, MN 56464

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01890	Continued From page 13 The findings include: On August 21, 2023, at 11:10 a.m., the surveyor observed the locked cabinet at unlicensed personnels (ULP) workstation with clinical nurse supervisor (CNS)-B, including a review of the locked medication cabinet in R2's apartment. CNS-B observed and confirmed the following medications had open dates but no expiration dates: R1 - R1's opened Tresiba 100 units(U)/milliliter (ml) insulin pen, (used to lower blood sugar) lacked an expiration date. - R1's opened Victoza 1.2 milligrams (mg)/1.8 mg insulin pen (used to lower blood sugar) lacked an expiration date. The manufacturer instructions for Tresiba insulin pen dated July 2022, indicated it should be used or thrown away within 56 days from opening. The manufacturer instructions for Victoza insulin pen dated August 2022, indicated it should be used or thrown away within 30 days from opening. R2 - R2's opened dorzolamide/timolol 20 mg/ml + five (5)/ml eye drop solution (used to lower eye pressure) lacked an expiration date. - R2's opened latanoprost 50 micrograms (mcg)/ml eye drop solution (used to lower eye pressure) lacked an expiration date. The manufacturer instructions for dorzolamide/timolol solution dated December 2022, indicated to throw out any remaining solution after four weeks from the date of	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29268	A. BUILDING: _____ B. WING _____	08/23/2023

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01890	Continued From page 14 opening. The manufacturer instructions for latanoprost solution dated March 2022, indicated to throw out any remaining solution after four weeks from the date of opening. On August 23, 2023, at 11:00 a.m., CNS-B stated time sensitive medications should be labeled with open and expiration dates. In addition, she stated the pharmacy used to put the yellow labels on medications as a reminder to staff to ensure time sensitive medications are dated properly, she will contact pharmacy for labels. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

MN Department of Health
Food, Pools, and Lodging Services
PO Box 64975
St. Paul, MN 55164-0975
218-332-5150

Type: Full
Date: *08/21/23*
Time: 13:10:21
Report: 7935231196

Food and Beverage Establishment Inspection Report

Location:

Rose Haven Assisted Living Inc
37 6th Street Se
Menahga, MN56464
Wadena County, 80

Establishment Info:

ID #: 0038971
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2185644268
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 174 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Chlorine: = 100 ppm at Degrees Fahrenheit
Location: Sanitizing Bucket
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: True Upright Cooler
Violation Issued: No

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

Things to Remember:

1. The Certified Food Manager should be routinely conducting self inspections to ensure that employees are following proper food handling practices.

2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up to date employee illness log.

3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being

knowledgeable about when hand washing should be done and how to properly wash hands.

4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

5. Unpasteurized eggs can only be used for immediate service, single serving and cooked to proper temperature.

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

I acknowledge receipt of the MN Department of Health inspection report number 7935231196 of 08/21/23.

Certified Food Protection Manager: Mary Haapala

Certification Number: 88283 Expires: 03/22/26

Signed: _____ Signed: 7935

Establishment Representative 7935

651-201-4500
health.foodlodging@state.mn.us