



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

August 16, 2022

Administrator  
A Daughters Love Inc  
25184 Thunder Road  
Staples, MN 56479

RE: Project Number SL36902015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on August 3, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

#### **IMPOSITION OF FINES**

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

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

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

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

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

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

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

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

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

Free from Maltreatment reconsideration requests should be addressed to:  
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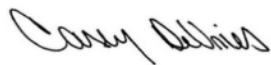
*A Daughters Love Inc*

*August 16, 2022*

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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 that reads "Casey DeVries". The signature is written in a cursive, flowing style.

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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A DAUGHTERS LOVE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>25184 THUNDER ROAD STAPLES, MN 56479</b>
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0 000	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL36902015-0</p> <p>On August 1, 2022, through August 3, 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 15 residents, all of whom received services under the provider's Assisted Living license.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements  (11) develop and implement a staffing plan for	0 470		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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0 470	<p>Continued From page 1</p> <p>determining its staffing level that:</p> <ul style="list-style-type: none"> <li>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</li> <li>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and</li> <li>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;</li> </ul> <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <ul style="list-style-type: none"> <li>(i) awake;</li> <li>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;</li> <li>(iii) capable of communicating with residents;</li> <li>(iv) capable of providing or summoning the appropriate assistance; and</li> <li>(v) capable of following directions;</li> </ul> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the staffing plan was developed as required, potentially affecting the licensee's 15 current residents.</p> <p>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</p>	0 470		

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0 470	<p>Continued From page 2</p> <p>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 the residents).</p> <p>The findings include:</p> <p>The licensee failed to develop and implement a staffing plan for determining its staffing level that:</p> <ul style="list-style-type: none"> <li>- included an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</li> <li>- ensured sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and</li> <li>- ensured that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility.</li> </ul> <p>On August 3, 2022, at 10:10 a.m., Licensed assisted living director (LALD)-A stated they did not develop a staffing plan and she was not aware of this requirement.</p> <p>The licensee's Staffing &amp; Scheduling policy dated August 1, 2021, indicated the clinical nurse supervisor along with the House Manager will develop and implement a written staffing plan that provides an adequate number of qualified direct-care staff to meet the resident's needs 24-hours a day, seven-days a week.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 470		

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0 480  0 480 SS=F	<p>Continued From page 3</p> <p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(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:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>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.</p> <p>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).</p> <p>The findings include:</p>	0 480  0 480		

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0 480	Continued From page 4  Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated August 1, 2022, for the specific Minnesota Food Code deficiencies.  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 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,	0 650		

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0 650	<p>Continued From page 5</p> <p>employee records must be maintained for three years after facility operations cease.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained the required content for one of one employee, registered nurse (RN)-C.</p> <p>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:</p> <p>Registered nurse (RN)-C began employment on October 19, 2020.</p> <p>RN-C's employee record lacked the following: - documentation of annual performance reviews that identified areas of improvement needed and training needs.</p> <p>On August 3, 2022, at 10:10 a.m., licensed assisted living director (LALD)-A stated they do conduct annual performance reviews and knows that RN-C's was done. LALD-A stated she would send the surveyor a copy. The surveyor did not receive the annual performance review documentation.</p> <p>The licensee's Employee Evaluation policy dated August 1, 2022, indicated all staff of [this facility] will be given an employee evaluation at least</p>	0 650		

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0 650	Continued From page 6  annually. The evaluation form is to be signed by the supervisor and the employee. The original signed form is placed in the employee's personnel file and a copy of the completed and signed form will be given to the employee.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 700 SS=F	144G.43 Subdivision 1 Resident record  (b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information.  This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure resident records were protected against unauthorized disclosure of electronic records.  This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).	0 700		

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0 700	Continued From page 7  The findings include:  On August 2, 2022, at 2:25 p.m., the surveyor observed a laptop computer sitting on a desk in a common area of the facility. The computer was open with RTasks (an electronic medical record system) with resident information visible on the screen. There were no staff or residents present in the area at the time.  On August 3, 2022, at 10:10 a.m., licensed assisted living director (LALD)-A stated the expectation was for staff to lock the computer when they step away.  The licensee's Resident Record-Access & Storage policy dated August 1, 2021, indicated resident records will be kept confidential and locked in a secured area where only authorized staff of [the facility] will have access. All information in the resident record is confidential; all staff are responsible to make sure confidentiality is maintained for all resident records and information.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 700		
0 770 SS=F	144G.45 Subdivision 1 Minimum site Requirements  The following are required for all assisted living facilities: (1) public utilities must be available, and working or inspected and approved water and septic systems must be in place; (2) the location must be publicly accessible to fire	0 770		

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0 770	<p>Continued From page 8</p> <p>department services and emergency medical services;</p> <p>(3) the location's topography must provide sufficient natural drainage and is not subject to flooding;</p> <p>(4) all-weather roads and walks must be provided within the lot lines to the primary entrance and the service entrance, including employees' and visitors' parking at the site; and</p> <p>(5) the location must include space for outdoor activities for residents.</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to test the well water within the last year. This had the potential to directly affect all residents and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:</p> <p>On August 1, 2022, at approximately 2:30 p.m., the manager (M)-B provided documents for review. Documents were reviewed by survey staff on August 1, 2022, between 2:30 p.m. and 3:30 p.m. A well water test report was requested but not provided.</p> <p>The M-B confirmed during an interview, at approximately 3:45 p.m., that a well water test report was not available. Survey staff explained that the well water required annual testing for bacteria and nitrates from a Minnesota</p>	0 770		

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0 770	Continued From page 9  Department of Health accredited laboratory.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 770		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment  (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:  (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;  This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that complied with	0 780		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 780	<p>Continued From page 10</p> <p>fire protection requirements. This had the potential to directly affect all residents and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:</p> <p>On August 1, 2022, between 1:45 p.m. and 2:30 p.m., survey staff toured the facility with the manager (M)-B. During the facility tour, survey staff observed that the smoke alarm bracket on the ceiling was empty in R1 and R8's room. A battery-operated smoke alarm was installed on the wall. When M-B tested the smoke alarm on the wall, it did not activate any of the other smoke alarms within the dwelling unit.</p> <p>The M-B confirmed during the tour interview that the wall mounted smoke alarm was not interconnected and that the smoke alarm was missing from the ceiling.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 780		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(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</p>	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/03/2022</b>
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0 800	<p>Continued From page 11</p> <p>health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:</p> <p>On August 1, 2022, between 1:45 p.m. and 2:30 p.m., survey staff toured the facility with the manager (M)-B. During the facility tour, survey staff observed that in R9's sleeping room, an air conditioner was installed in the egress window, creating an obstruction. In the event of an evacuation, an egress window that was obstructed would prevent a safe and quick exit. The M-B confirmed during the tour interview that the air conditioner required removal.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: One (1) days</p> <p>On August 1, 2022, between 1:45 p.m. and 2:30 p.m., survey staff toured the facility with the</p>	0 800		

Minnesota Department of Health

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0 800	<p>Continued From page 12</p> <p>manager (M)-B. During the facility tour, survey staff observed the following:</p> <ol style="list-style-type: none"> <li>1. The well casing was cracked and there was a gap between the well cap and casing.</li> <li>2. Both double-hung windows in R1 and R8's room were very difficult to open. In the event of an evacuation, an egress window that was difficult to open would prevent a safe and quick exit.</li> <li>3. Black flies were noted within the facility, with the largest numbers noted in the bathroom adjacent to R1 and R8's room and within the living room adjacent to the kitchen. Flies were also observed in several resident sleeping rooms. During the facility tour of the living room next to the kitchen, flies were noted on a resident's face. Fly strips were being used but were not effective at controlling the number of flies observed during the survey.</li> <li>4. Windows were not provided with screens in several resident rooms and a bathroom.</li> </ol> <p>The M-B confirmed the survey staff observations during the facility tour interview.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ol style="list-style-type: none"> <li>(1) location and number of resident sleeping rooms;</li> </ol>	0 810		

Minnesota Department of Health

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0 810	<p>Continued From page 13</p> <p>(2) employee actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(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.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to provide the required plans, training, and drills for fire safety and evacuation. This had the potential to directly affect all residents and staff.</p> <p>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</p>	0 810		

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0 810	<p>Continued From page 14</p> <p>widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:</p> <p>On August 1, 2022, between 1:45 p.m. and 2:30 p.m., survey staff toured the facility with the manager (M)-B. During the facility tour, survey staff observed that the evacuation maps posted at the entrance and back patio of the facility did not identify the location and number of resident sleeping rooms. During the tour interview with the M-B, they confirmed that these evacuation maps did not include this information.</p> <p>On August 1, 2022, at approximately 2:30 p.m., the manager (M)-B provided documents for review. Documents were reviewed by survey staff on August 1, 2022, between 2:30 p.m. and 3:30 p.m.</p> <p>1. The 7.06 Fire Policy dated 8-1-21 was not developed and maintained for the facility location.</p> <p>a. The location and number of resident sleeping rooms were not included in the plans.</p> <p>b. Smoke compartment doors were referenced but not identified in the plans.</p> <p>c. Sprinklers and fire doors on magnetic holders were referenced which the facility did not have.</p> <p>d. The policy states that tenants should stay behind fire doors, but these areas are not identified.</p> <p>e. The policy states that the system is wired directly to the fire station, the M-B confirmed during an interview, at approximately 3:45 p.m., that the facility does not have this type of alarm system.</p> <p>f. The plans did not identify unique or unusual resident needs for movement or evacuation.</p>	0 810		

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0 810	<p>Continued From page 15</p> <p>2. The licensee failed to provide documentation of employee training for the facility fire safety and evacuation plans. Training records were requested by survey staff but not provided.</p> <p>3. The licensee failed to provide annual fire safety and evacuation training for residents. Documentation was requested by survey staff but not provided.</p> <p>4. The licensee failed to provide the required frequency for evacuation drills. No evacuation drill logs or schedules were included in the documentation. This information was requested by survey staff but not provided.</p> <p>On August 1, 2022, at approximately 3:45 p.m., M-B confirmed during an interview that the licensee failed to develop and maintain the fire safety and evacuation plans. They also confirmed that the training and drill frequency documentation was not available.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		

Type: Full  
Date: 08/01/22  
Time: 11:30:00  
Report: 6808221125

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

A Daughter's Love  
  
25184 Thunder Rd  
Staples, MN  
Todd County, 77

**Establishment Info:**

ID #: 0038425  
Risk:  
Announced Inspection: Yes

**License Categories:**

Expires on: / /

**Operator:**

Phone #:  
ID #:

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

The following orders were issued during this inspection.

### **3-500B Microbial Control: hot and cold holding**

#### **3-501.16A2**

**\*\* Priority 1 \*\***

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

SOME FOODS IN THE NEW REFRIGERATOR WERE 43 DEGREES. ADJUST AND MONITOR. DO NOT KEEP TCS FOODS IN THERE UNTIL A TEMPERATURE OF 41 DEGREES OR BELOW CAN BE MAINTAINED.

Comply By: 08/01/22

### **2-100 Supervision**

#### **2-102.11ABCQ**

**\*\* Priority 2 \*\***

MN Rule 4626.0030ABCQ The person in charge must be able to demonstrate their knowledge to the inspector of the following factors associated with employee health and the transmission of foodborne disease: symptoms of illness frequently associated with foodborne diseases; food worker illness reporting requirements; and medical conditions requiring exclusion of an employee from work or the restriction of their work duties.

AN EMPLOYEE ILLNESS LOG MUST BE KEPT. ONE IS ATTACHED WITH THIS REPORT.

Comply By: 08/01/22

### **4-300 Equipment Numbers and Capacities**

#### **4-302.13B**

**\*\* Priority 2 \*\***

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

USE THERMOMETER TO VERIFY THAT THE DISHWASHER FINAL RINSE TEMPERATURE IS

Type: Full  
Date: 08/01/22  
Time: 11:30:00  
Report: 6808221125  
A Daughter's Love

# Food and Beverage Establishment Inspection Report

AT LEAST 160 DEGREES.

Comply By: 08/08/22

## 6-200 Physical Facility Design and Construction

### 6-202.13B

MN Rule 4626.1385B Relocate insect control devices so they are not over food preparation areas or in areas where dead insects or fragments can fall onto exposed food, clean equipment, utensils, linens and unwrapped single-service and single-use articles.

DO NOT USE FLY STRIPS IN THE KITCHEN.

Comply By: 08/01/22

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## Food and Equipment Temperatures

Process/Item: Upright Cooler

Temperature: 41 Degrees Fahrenheit - Location: MEATLOAF IN OLD COOLER

Violation Issued: No

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Process/Item: Upright Cooler

Temperature: 43 Degrees Fahrenheit - Location: CHEESE, YOGURT, FROSTING IN NEW COOLER

Violation Issued: Yes

---

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

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 6808221125 of 08/01/22.

Certified Food Protection Manager: Carla Platzer

Certification Number: \_\_\_\_\_ Expires: 11/04/23

Signed: \_\_\_\_\_

Establishment Representative

Signed: \_\_\_\_\_

Lee Ann Austin  
Public Health Sanitarian  
St. Cloud  
320-223-7341  
leeann.austin@state.mn.us