Electronically Delivered

June 3, 2025

Licensee
Syncare Grande
13245 45th Ave North
Plymouth, MN 55442

RE: Project Number(s) SL33880016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 23, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, 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.

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. 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 . . ."

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 may be 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.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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,

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33880	A. BUILDING: _____ B. WING _____	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYNCARE GRANDE	13245 45TH AVE N PLYMOUTH, MN 55442

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0 000	Initial Comments 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: SL33880016-0 On April 21, 2025, through April 23, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were four residents; all four receiving services under the Assisted Living Facility with Dementia Care 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 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 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 evaluators ' 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 SUBDIVISION 1-3.	
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control	0 660		

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0 660	Continued From page 1 (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to conduct a tuberculosis (TB) chest Xray (CXR) after receiving a positive TB QuantiFERON blood test result for one of two employees (unlicensed personnel (ULP)-C). 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). The findings include: The licensee's TB risk assessment was completed on September 3, 2024. The licensee was at a low risk level.	0 660		

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0 660	Continued From page 2 ULP-C was hired on March 14, 2025, to provide direct cares to residents. ULP-C's employee record included a TB QuantiFERON blood lab result dated March 6, 2025, which indicated ULP-C had a positive TB test result. ULP-C's employee record lacked a CXR completed within 90 days of the positive blood test. On April 22, 2025, at 11:01 a.m., the surveyor observed ULP-C administer medication to R2. On April 22, 2025, at 11:40 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they must have misread the positive test result. LALD/CNS-A stated they were aware a positive test result was required to be accompanied with a CXR; they would check with ULP-C to see if they had a past copy of a positive test and CXR. On April 22, 2025, at 11:57 a.m., LALD/CNS-A stated ULP-C did not have a CXR completed. On April 24, 2025, at 10:10 a.m., the surveyor received an email from LALD/CNS-A which included a copy of a cleared CXR dated April 22, 2025, to accompany the positive blood test completed on March 6, 2025. The Minnesota Department of Health TB FAQ, last updated on December 13, 2024, indicated baseline TB screening is required at the time of hire for all health care personnel in Minnesota which included: -testing for the presence of Mycobacterium tuberculosis by administering either a two-step tuberculin skin test (TST) or single TB blood test;	0 660		

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0 660	Continued From page 3 -if the health care worker had a prior positive TB test result, and they only have the CXR but no other test documentation, then they need to take a new TB test. If the result is positive, a new CXR needs to be completed. The CXR needs to be done within 90 days of the positive test date or dated any time after the positive test date. The licensee's 8.16 Tuberculosis Screening policy dated August 1, 2021, indicated: "Screening will be conducted as follows: 1. New staff will be screened for active signs of TB using the Baseline TB Screening Tool for HCWs . 2. New staff will have an IGRA blood test or a two-step Mantoux conducted with results documented on the Baseline TB Screening Tool for HCWs. 3. No staff will be permitted to begin work where the work involves sharing the air space with residents until the negative results of the first Mantoux are read and documented or a negative IGRA blood test result is received and documented. 4. Staff TB screening results will be kept in each employee's electronic and secured employee medical file." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:	0 775		

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0 775	Continued From page 4 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with Minnesota State Fire Code in Minnesota Rules chapter 7511. 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). The findings include: On April 25, 2025, at approximately 9:30 a.m. the surveyor toured the facility with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A. The following was observed. All emergency lighting throughout the facility would not operate when tested. The emergency power system shall provide power for not less than 30 minutes and consist of storage batteries, unit equipment, or an on-site generator. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 775		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment	0 810		

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0 810	Continued From page 5 (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) staff 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) Staff 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 staff 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 observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content. This had the potential to directly affect all	0 810		

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0 810	Continued From page 6 residents, staff, 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On April 25, 2025, the surveyor observed the fire evacuation diagrams indicated the garage is used as a designated exit. Designated exits shall lead directly to the exterior and not pass through an intervening space of higher hazard. On April 25, 2025, LALD/CNS-A acknowledged the observation while accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure written or	01820		

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01820	Continued From page 7 electronically recorded prescriptions were obtained for one of two residents (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 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: R2 was admitted to the licensee on July 26, 2023. R2's Service Plan dated April 7, 2025, indicated R2 received services for medication administration and management. R2's medication administration record (MAR) for April 2025, indicated R2 took the following medications: -acetaminophen 325mg tablet, take two tablets (650mg) by mouth (PO) every six hours for pain as needed (PRN); -Align 4mg, take one capsule PO daily; -Aspercreme lidocaine patch, apply one patch to skin daily PRN, leave on for 12 hours then remove for 12 hours; -betamethasone dipropionate 0.05%, apply topically daily, apply a thin layer before Eucerin; -bisacodyl suppository; insert one suppository rectally PRN if no bowel movement in four days; -donezepil 10mg, take one tablet PO in the morning; -escitalopram 10mg, take one tablet PO daily; -Eucerin, apply a thin layer to the areas of skin redness twice a day after application of steroid ointments. Do not put on areas where nystatin	01820		

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01820	Continued From page 8 powder has been applied; -finasteride tablet, take one tablet PO daily; -fluocinonide cream; apply topically up to twice a day for 14 days PRN, notify RN prior to administration, document area where cream was applied; -fludcortisone 1mg, take 1mg PO every morning; -folic acid 400 micrograms (mcg), take one tablet PO daily; -Geri-Mox 200-200 suspension; give 30 milliliters (ml) daily PO after meals and at bedtime as needed for gastrointestinal upset; -Gocovri capsule, give 1 capsule PO daily at bedtime; -ibuprofen 200mg tablets, give two tablets (400mg) PO every six hours PRN for pain or fever -ketoconazole 2%, apply to feet once daily; -loperamide capsule 2mg, give two capsules PO after first loose stool, then take one capsule PO after each subsequent loose stool, no more than 16mg (eight capsules) per day; -Milk of Magnesia suspension; give 30ml daily PO PRN for constipation, no bowel movement for three days, notify RN before administering medication; -Mirtazapine 30mg tablet, take one tablet PO daily at bedtime; -myrbetriq extended release (ER) tablet, give one tablet PO daily; -nystatin powder, apply topically two times a day, apply to redness and itchiness, do not use with steroid or Eucerin cream; -Rytary 36.25mg/145mg capsules, take two capsules PO at 7am, 11am, 3pm and 7pm daily; -senna 8.6mg, take 8.6mg PO daily; -Silidosin capsule, take one capsule PO daily; -trazadone half tablet - take 25mg = half tablet PO at bedtime; and -vitamin D 5000 international units (iu) take one	01820		

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01820	Continued From page 9 capsule PO daily. R2's medication orders signed July 22, 2024, indicated R2 took the following medications: -acetaminophen 325mg tablet, take two tablets (650mg) by mouth (PO) once daily PRN; the MAR frequency did not match the medication order; -Aspercreme lidocaine patch, apply one patch to skin daily PRN, leave on for 12 hours then remove for 12 hours; the MAR included the medication, but the medication orders indicated it was discontinued on November 20, 2023; -Biofreeze gel 4%, apply every four hours to affected area PRN for muscle pain; the MAR did not include the medication; -betamethasone dipropionate 0.05%, apply topically daily, apply a thin layer before Eucerin; the MAR included the medication, but the medication orders have it crossed off the list; -calcium antacid 500mg chew, take one tablet PO every four hours PRN for gastrointenstinal upset; the MAR did not include the medication; -donezepil 10mg, take one tablet PO in the morning; the MAR included the medication, but the medication orders indicate it was prescribed by a different provider; -escitalopram 10mg, take one tablet PO daily; the MAR included the medication but was not on the medication orders; -Eucerin, apply a thin layer to the areas of skin redness twice a day after application of steroid ointments. Do not put on areas where nystatin powder has been applied; the MAR included the medication but was not on the medication orders; -fluocinonide cream; apply topically up to twice a day for 14 days PRN, notify RN prior to administration; the MAR included the medication but the medication orders indicated it was discontinued on November 20, 2023;	01820		

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01820	Continued From page 10 -fludcortisone 1mg, take 1mg PO every Monday, Wednesday and Friday; the MAR frequency did not match the medication order; -Gavilx powder, mix 17 grams (g) in liquid and drink PO twice daily PRN; the MAR did not include the medication; -Geri-Mox 200-200 suspension; give 30 milliliters (ml) daily PO after meals and at bedtime as needed for gastrointestinal upset; the MAR included the medication, but the medication orders indicated it was discontinued on June 5, 2024; -Halls cough drop 6.8mg lozenge, take one lozenge every two hours PRN for cough; the MAR did not include the medication; -ibuprofen 200mg tablets, give two tablets (400mg) PO every six hours PRN for pain or fever -ketoconazole 2%, apply to feet once daily; the MAR included the medication but was not on the medication orders; -mirabegron 50mg tablet ER, take one tablet PO daily; the MAR did not include the medication; -mirtazapine 15mg tablet, take one tablet PO daily at bedtime; the dose on the MAR and medication orders do not match and was also prescribed by a different provider; -myrbetriq extended release (ER) tablet, give one tablet PO daily; the MAR included the medication but was not on the medication orders; -nystatin powder, apply topically two times a day, apply to redness and itchiness, do not use with steroid or Eucerin cream; the MAR included the medication but was not on the medication orders; -Rytary 36.25mg/145mg capsules, take two capsules PO at 7am, 11am, 3pm and 7pm daily; the medication orders indicated it was prescribed by a different provider; -Rytary 23.75mg/95mg capsules, take two capsules PO at 7am, 11am, 3pm and 7pm daily;	01820		

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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
01820	Continued From page 11 the MAR and medication order dose did not match and indicated it was prescribed by a different provider; and -senna 8.6mg, take 8.6mg PO daily; the MAR included the medication, but the medication orders indicated it was discontinued on November 20, 2023. On April 22, 2025, at 12:47 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they were working on finding R2's orders and would need to call the pharmacy. LALD/CNS-A stated it was their job to make sure all medication orders were up to date. On April 23, 2025, at 10:32 a.m., during the exit conference, LALD/CNS-A stated they had the annual orders for R2 and would send them to the surveyor via email; they would also have to double check the orders to make sure they were the most up to date orders they had. The surveyor explained there were multiple medications from the orders provided which did not match R2's MAR. LALD/CNS-A stated they would search and see what they could find. The licensee's 7.20 Medication & Treatments Orders policy dated August 1, 2021, indicated, "To ensure a current, written prescribers order must be obtained for any treatment or medication administration provided to a resident. Prescriptions or orders that are to be implemented must be received from an authorized prescriber. And, to ensure ongoing evaluation of medications and treatments." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33880	A. BUILDING: _____ B. WING _____	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYNCARE GRANDE	13245 45TH AVE N PLYMOUTH, MN 55442

(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

Minnesota Department of Health

625 North Robert Street
Saint Paul, MN
651-201-5000

Type: Full
Date: *04/22/25*
Time: 14:00:00
Report: 8087251097

Food and Beverage Establishment Inspection Report

Location:

Syncare Grande
13245 45th Ave N
Plymouth, MN55442
Hennepin County, 27

Establishment Info:

ID #: 0039211
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6127473263
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.

Food and Equipment Temperatures

Process/Item: Ambient Air
Temperature: 5 Degrees Fahrenheit - Location: SIDE KITCHEN FREEZER
Violation Issued: No

Process/Item: Ambient Air
Temperature: 40 Degrees Fahrenheit - Location: SIDE KITCHEN REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding: CHEESE
Temperature: 39 Degrees Fahrenheit - Location: SIDE KITCHEN REFRIGERATOR
Violation Issued: No

Process/Item: Ambient Air
Temperature: 5 Degrees Fahrenheit - Location: MAIN KITCHEN FREEZER
Violation Issued: No

Process/Item: Ambient Air
Temperature: 41 Degrees Fahrenheit - Location: MAIN KITCHEN REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding: CUT MELON
Temperature: 40 Degrees Fahrenheit - Location: MAIN KITCHEN REFRIGERATOR
Violation Issued: No

Type: Full
Date: *04/22/25*
Time: 14:00:00
Report: 8087251097
Syncare Grande

Food and Beverage Establishment Inspection Report

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

THIS WAS AN ANNOUNCED AND SCHEDULED FULL INSPECTION.

INSPECTION CONDUCTED IN THE PRESENCE OF STATE NURSE EVALUATOR JOEY KEEN.

COUNTERTOPS ARE QUARTZ, FLOORS ARE HARDWOOD AND TILE, CABINETS ARE LAMINATE, AND MAIN KITCHEN CEILING DOES NOT APPEAR TO BE DURABLE, SMOOTH IN TEXTURE OR EASILY CLEANABLE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

DISHWASHER IS RESIDENTIAL BUT HAS SANITIZING RINSE CYCLE OPTION.

HOT WATER TEMPERATURE AT THE KITCHEN SINK REACHED 120 DEGREES.

DESIGNATED HAND WASHING SINK IN THE KITCHEN IN 2-BIN, STAINLESS STEEL RESIDENTIAL KITCHEN SINK.

INSPECTION REPORT EMAILED TO STATE NURSE EVALUATOR JOEY KEEN.

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 8087251097 of 04/22/25.

Certified Food Protection Manager CHAD HENNINGS

Certification Number: FM115206 Expires: 02/20/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

ANNE HORTILLOSA
NURSE/OWNER

Signed: _____

John Boettcher
Public Health Sanitarian 3
St. Paul, MN / Freeman
651-201-5076
john.boettcher@state.mn.us