Electronically Delivered

April 17, 2023

Licensee
Divine Providence Homes
1445 Winthrop Street North
Saint Paul, MN 55119

RE: Project Number(s) SL38555015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial evaluation on April 4, 2023, for the purpose of 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.

STATE LICENSING ORDERS
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 Home Care 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 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, the following fines are assessed pursuant to this evaluation:

St - 0 - 1750 - 144g.71 Subd. 7 - Delegation Of Medication Administration = $3,000

The total amount you are assessed is $3,000. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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 residents/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 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

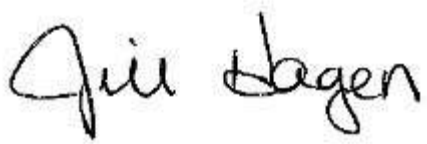
REQUESTING A HEARING

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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

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.

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,



Jill Hagen, Interim Supervisor
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: 218-770-8646 Fax: 651-215-6894

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38555	A. BUILDING: _____ B. WING _____	04/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE PROVIDENCE HOMES	1445 WINTHROP STREET NORTH SAINT PAUL, MN 55119

(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 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: ******Revised****** #SL38555015 On April 3 and 4, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction order is issued. At the time of the survey and investigation, there was one resident receiving services under the provider's Provisional Assisted Living Facility license. The following immediate correction order was issued for #SL38555015, tag identification 1750. The immediacy was removed and the tag was corrected on April 10, 2023. The following correction orders are issued that were not immediate for #SL38555015, tag identification. 0480, 0680, 0810, 0970, 1320, and 1330.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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 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.	

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0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). Findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated April 4, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff	0 680		

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0 680	Continued From page 2 assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all of the licensee's 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 the potential to affect a large portion or all of the residents). Findings include: On April 3, 2023, at 3:19 p.m., the licensee's EPP	0 680		

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0 680	Continued From page 3 was reviewed with licensed assisted living director (LALD)-A. During the review LALD-A verified the following policies and procedures were missing from the EPP. The licensee's EPP did not include the following content: - a description of the population served by the licensee to identify at risk populations - policy and procedure that addresses use of volunteers, including the process/role for integration - development of a communication plan that included: - names and contact information of staff, entities providing services, residents' physicians and other facilities, volunteers. The licensee's policy titled Emergency Preparedness dated May 2, 2022, directed the licensee's EPP will be in place to assure the safety and well-being of residents and staff during periods of emergency or disasters. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	0 680		
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	0 810		

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0 810	Continued From page 4 (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one 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 and interview, the licensee failed to provide the minimum required employee evacuation drills. This has the potential to directly affect the safety of occupied resident(s) receiving services, 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 the potential to affect a large portion or all	0 810		

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0 810	Continued From page 5 of the residents). Findings include: On April 3, 2023, at approximately 2:30 p.m., survey staff received the facility fire safety and evacuation plan and related documentation for review from the licensed assisted living director (LALD)-A. At approximately 3:00 p.m., document review and interview with the LALD-A indicated the licensee had not performed evacuation drills to date. Employee fire evacuation drill records were requested but none were available or provided for review. The LALD-A stated that they have reached out to the local fire department for guidance on a community emergency preparedness drill including fire drill but have not been successful. On April 3, 2023, at approximately 3:15 p.m., during the exit interview, the LALD-A agreed and acknowledged that they are lacking employee fire evacuation drills since resident intake on September 2022. Additional information was received via email on Monday 04/03/2023, at 6:27 p.m., from the LALD-A with an attached drill log documentation, for a drill performed on Monday, 4/3/2023, at 5:42 p.m. TIME PERIOD FOR CORRECTION: Fourteen (14) 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	0 970		

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0 970	Continued From page 6 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 licensee's liability for the health, safety, or personal property of a resident. This had the potential to affect the licensee's one of one (R1) resident with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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). Findings include: On April 3, 2023, at 9:35 a.m., during the provisional assisted living facility (PALF) entrance conference, a copy of the licensee's assisted living contract was requested. On April 3, 2023, at 12:39 p.m., licensed assisted living director (LALD)-A provided R1's assisted living contract. R1's Divine Providence Homes, LLC Assisted Living Contract dated September 21, 2022, indicated on page 11, under Miscellaneous	0 970		

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0 970	Continued From page 7 Provisions, section. Insurance Liability and Release, the contract indicated the resident was required to maintain insurance for personal property, liability, and was responsible for their own heath. Additionally, the contract read, the resident agreed that Divine Providence Homes would not be liable to the resident for any personal injury, property damage, loss, or theft. The same contract indicated the resident thereby releases Divine Providence Homes from liability for any personal injury or property damage suffered by the resident, unless caused by negligence of Divine Providence Homes or its employees or agents. During an interview on April 3, 2023, at 12:43 p.m., LALD-A verified R1's assisted living contract was the contract in use and verbalized understanding why the liability statement should not be included in the residents contract. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 970		
01320 SS=F	144G.60 Subd. 4 (a) Unlicensed personnel (a) Unlicensed personnel providing assisted living services must have: (1) successfully completed a training and competency evaluation appropriate to the services provided by the facility and the topics listed in section 144G.61, subdivision 2, paragraph (a); or (2) demonstrated competency by satisfactorily completing a written or oral test on the tasks the unlicensed personnel will perform and on the topics listed in section 144G.61, subdivision 2, paragraph (a); and successfully demonstrated competency on topics in section 144G.61,	01320		

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01320	Continued From page 8 subdivision 2, paragraph (a), clauses (5), (7), and (8), by a practical skills test. Unlicensed personnel who only provide assisted living services listed in section 144G.08, subdivision 9, clauses (1) to (5), shall not perform delegated nursing or therapy tasks. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure five of five unlicensed personnel (ULP-D, ULP-E, ULP-F, ULP-G and ULP-H) had completed competency evaluations in all required training topics. This had the potential to affect all residents living in the facility. 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). Findings Include: R1's medical record indicated R1 admitted to the licensee on September 21, 2022, with diagnoses that included multiple sclerosis. R1 required medication administration, catheter care, applying compression stockings, and a mechanical lift for transfers. During the on-site survey, LALD/RN-A provided a staff list with hire dates. A review of the staff list provided the following dates of hire: ULP-F's hire date was September 19, 2022.	01320		

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01320	Continued From page 9 ULP-D's hire date was November 16, 2022. ULP-E's hire date was December 13, 2022. ULP-G's hire date was December 14, 2022. ULP-H's hire date was December 14, 2022. During an interview on April 3, 2023, at 11:53 a.m., LALD/RN-A stated the competencies are missing from all the employee files. LALD/RN-A stated she was aware that competencies needed to be completed. The licensee's policy titled Staff Competency dated May 2, 2022, indicated ULPs may not work until they have successfully passed the written and demonstrated competency evaluation. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01320		
01330 SS=F	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or	01330		

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01330	Continued From page 10 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure five of five unlicensed staff (ULP-D, ULP-E, ULP-F, ULP-G and ULP-H) completed competency testing in all required areas. This had the potential to affect 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 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). Findings Include: R1's medical record indicated R1 admitted to the licensee on September 21, 2022, with diagnoses that included multiple sclerosis. R1 required medication administration, catheter care, applying compression stockings, and a mechanical lift for transfers. During the on-site survey, LALD/RN-A provided a staff list with hire dates. A review of the staff list provided the following dates of hire: ULP-F's hire date was September 19, 2022. ULP-D's hire date was November 16, 2022.	01330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38555	A. BUILDING: _____ B. WING _____	04/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE PROVIDENCE HOMES	1445 WINTHROP STREET NORTH SAINT PAUL, MN 55119

(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
01330	Continued From page 11 ULP-E's hire date was December 13, 2022. ULP-G's hire date was December 14, 2022. ULP-H's hire date was December 14, 2022. During an interview on April 3, 2023, at 11:53 a.m., LALD/RN-A stated the competencies are missing from all the employee files. LALD/RN-A stated she was aware that competencies needed to be completed. The licensee's policy titled Staff Competency dated May 2, 2022, indicated ULPs may not work until they have successfully passed the written and demonstrated competency evaluation. TIME PERIOD FOR CORRECTION: twenty-one (21) days.	01330		
01750 SS=I	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38555	A. BUILDING: _____ B. WING _____	04/04/2023

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01750	Continued From page 12	01750		

licensee failed to ensure competencies were completed by the licensed assisted living director/registered nurse (LALD/RN)-A, prior to delegating the nursing task of medication administration, for eight of eight unlicensed personnel (ULP-C, ULP-D, ULP-E, ULP-F, ULP-G, ULP-H, ULP-I and ULP-J) who administered medications. This had a potential to affect all residents who received medication administration.

This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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).

This resulted in a immediate correction order on April 4, 2023, at 11:20 a.m.

Findings Include:

R1 medical record indicated R1 admitted to the licensee on September 21, 2022, with a diagnose that included multiple sclerosis. R1 required medication administration and catheter care.

During the on-site survey, LALD/RN-A provided a staff list with hire dates. A review of the staff list provided the following dates of hire:

ULP-C's date of hire was September 1, 2022.

ULP-F's date of hire was September 19, 2022.

ULP-I's date of hire was October 7, 2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38555	A. BUILDING: _____ B. WING _____	04/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01750	Continued From page 13 ULP-D's date of hire was November 16, 2022. ULP-E's date of hire was December 13, 2022. ULP-G's date of hire was December 14, 2022. ULP-H's date of hire was December 14, 2022. ULP-J's date of hire was December 14, 2022. During an interview on April 3, 2023, at 11:53 a.m., LALD/RN-A stated all ULP's administer medications to residents and none of the ULP's received competency testing for medication administration. LALD/RN-A stated she was aware that competencies needed to be completed. The licensee's policy titled Staff Competency dated May 2, 2022, indicated ULPs may not work until they have successfully passed the written and demonstrated competency evaluation. TIME PERIOD FOR CORRECTION: The immediacy was removed and the tag was corrected on April 10, 2023.	01750		

DEPARTMENT OF HEALTH

Type: Full
Date: *04/04/23*
Time: 11:45:00
Report: 1036231072

Food and Beverage Establishment Inspection Report

Location:
Divine Providence Homes
1445 Winthrop Street North
St Paul, MN55119
Ramsey County, 62

Establishment Info:
ID #: 0041171
Risk:
Announced Inspection: Yes

License Categories:

Expires on: 12/31/23

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.

3-500C Microbial Control: date marking

3-501.17B ** Priority 2 **

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

OBSERVED AN OPEN BAG OF SALAD MIX IN THE FRIDGE WITH NO DATE LABEL. ISSUE CORRECTED ON SITE.

Comply By: 04/04/23

3-300B Protection from Contamination: cross-contamination, eggs

3-302.12

MN Rule 4626.0240 Properly label all working containers holding food or food ingredients that are removed from orginal packages with the common name of the food. Label the food in English and any other languages used by employees who handle food.

OBSERVED SOME UNLABELED SECONDARY STORAGE CONTAINERS CONTAINING SUGAR AND BROWN SUGAR. ISSUE CORRECTED ON SITE.

Comply By: 04/04/23

Surface and Equipment Sanitizers

Hot Water: = at 170 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Beverage Establishment Inspection Report

Chlorine: = 100 PPM at Degrees Fahrenheit
Location: SANITIZING WIPES
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/MILK
Temperature: 40 Degrees Fahrenheit - Location: KITCHEN FRIDGE
Violation Issued: No

Process/Item: Ambient Temp
Temperature: -7 Degrees Fahrenheit - Location: KITCHEN FREEZER
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS BRANDON MARTFELD. INSPECTION CONDUCTED IN PRESENCE OF KAREN MENDOZA, THE PERSON IN CHARGE.

THIS FACILITY DOES NOT HAVE COMMERCIAL GRADE ANSI EQUIPMENT. ALL FOOD MUST BE SERVED THE SAME DAY IT IS PREPARED, AND LEFTOVERS CAN NEVER BE SAVED.

THESE ADDITIONAL TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:

- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- THERMOMETER USE AND CALIBRATION
- ANSI 184 STANDARD FOR RESIDENTIAL DISH WASHER
- PEST MANAGEMENT

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

Type: Full
Date: *04/04/23*
Time: 11:45:00
Report: 1036231072
Divine Providence Homes

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the inspection report number 1036231072 of 04/04/23.

Certified Food Protection Manager: KAREN MENDOZA

Certification Number: FM113377 Expires: 10/24/25

Inspection report reviewed with person in charge and emailed.

Signed: _____ Signed: _____

KAREN MENDOZA
FOOD MANAGER

Jeff Johanson