Electronically Delivered

August 20, 2025

Licensee
Northern Oak Place
1005 Paul Parkway Northeast
Blaine, MN 55434

RE: Project Number(s) SL30625016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 2, 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;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20;
Level 5: a fine of $5,000 per violation, in addtion 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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 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
	30625	A. BUILDING: _____ B. WING _____	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN OAK PLACE	1005 PAUL PARKWAY NE BLAINE, MN 55434

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0 000	Initial Comments ***ATTENTION*** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL30625016 On June 30, 2025, through July 2, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 11 residents; all receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food	0 480		

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0 480	Continued From page 1 must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean	0 480		

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0 480	Continued From page 2 and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. 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, but was not likely to cause serious injury, impairment, or death), and is 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 2, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
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: 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 June 30, 2025, at approximately 12:30 p.m., the surveyor toured the facility with licensed assisted living director (LALD)-A. The following was observed. 1. All the resident room doors in the facility are rated fire doors with tags on the door frame and hinge side of the door, smoke seal, and closers. The resident room doors were propped open with door wedges with no staff providing patient care	0 775		

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0 775	Continued From page 4 or cleaning services. 2. The fire rated door on the laundry room had a permanent door stop installed and was propped open. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. On June 30, 2025, LALD-A acknowledged these conditions while on the facility tour. TIME PERIOD FOR CORRECTION: Two (2) days	0 775		
0 790 SS=C	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the portable fire extinguishers. This deficient condition had the potential to affect all staff, residents, and visitors.	0 790		

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0 790	Continued From page 5 This practice resulted in a level one violation (a violation that has no potential to cause more than minimal impact on the client and does not affect health or safety.) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On June 30, 2025, at approximately 12:30 p.m., the surveyor toured the facility with licensed assisted living director (LALD)-A. The portable fire extinguishers throughout the facility lacked records to show monthly visual inspections were complete. The recorded monthly checks in 2025 were 1/30/25, and 4/3/25. Documentation is required to demonstrate fire extinguishers have been inspected by facility personnel monthly. On June 30, 2025, the surveyor explained to LALD-A that the portable fire extinguishers must be provided monthly visual inspections or "quick checks" of each extinguisher by their employees to ensure all portable extinguishers are readily available, fully charged, and operable at their designated location with no obvious physical damage or condition to the extinguisher that would prevent their operation when needed. LALD-A stated they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment	0 800		

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0 800	Continued From page 6 (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment, including in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents. This deficient condition had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On June 30, 2025, at approximately 12:30 p.m., the surveyor toured the facility with licensed assisted living director (LALD)-A. The following was observed. GENERAL MAINTENANCE:	0 800		

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0 800	Continued From page 7 The base of the water heater was corroded and appeared to be leaking, and a large amount of water was on the floor around the base. The reduced pressure zone (RPZ) valve on the boiler was leaking and dripping onto the appliance. LALD-A stated they just had the appliance replaced and will contact the company to fix. On June 30, 2025, LALD-A acknowledged these conditions while on the facility tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) 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	0 810		

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0 810	Continued From page 8 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 and provide the required training. This had the potential to directly affect all 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 June 30, 2025, licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.	0 810		

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0 810	Continued From page 9 FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP failed to include the following: The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine and Extinguish or Evacuate) but failed to include procedures for how staff are to complete each step. The FSEP included standard resident evacuation procedures but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. Each resident had a personal emergency evacuation plan and was assigned an evacuation level 1-4. The levels, and the staff requirements for each level, where not specified in the FSEP. On June 30, 2025, LALD-A stated they understood the areas of their policy that were incomplete and would work to bringing them into compliance. TRAINING: The licensee failed to provide training to employees on the FSEP upon hire and at least twice per year. No training documentation was provided. On June 30, 2025, LALD-A stated they understood the requirements for training staff and would implement a training program that was compliant with statute requirements.	0 810		

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0 810	Continued From page 10 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was submitted and completed for the current health facility identification (HFID) number for three of five employees (unlicensed personnel (ULP)-E. ULP-F, and ULP-G) on the facility provided employee roster. 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	01290		

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01290	Continued From page 11 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 the residents). The findings include: On June 30, 2025, at 12:30 p.m., the surveyor reviewed the facility's NETStudy 2.0 roster and compared it to the facility's staff roster and discovered three of the facility's employees were not listed as having a background study submitted with the licensee's HFID 30625. ULP-E began employment on January 23, 2023, to provide direct care services to the facility residents. A background study had not been submitted for ULP-E. ULP-F began employment on October 1, 2024, to provide direct care services to the facility residents. A background study had not been submitted for ULP-F. ULP-G began employment on April 29, 2021, to provide direct care services to the facility residents. A background study had not been submitted for ULP-G. On July 2, 2025, at 10:50 a.m., licensed assisted living director (LALD)-A stated it was the responsibility of the LALD to ensure all staff were affiliated to the facility HFID. They missed affiliating the employees who work at sister facilities to this HFID. The licensee's Background Studies policy dated June 1, 2024, indicated [management company] managed communities will conduct a Minnesota	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30625	A. BUILDING: _____ B. WING _____	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN OAK PLACE	1005 PAUL PARKWAY NE BLAINE, MN 55434

(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
01290	Continued From page 12 Department of Human Services Background Study on all employees and volunteers and contractors at the Community. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) Days	01290		
01540 SS=D	144G.64 (a) (3) Training in Dementia, Mental Illness, and De- (3) for assisted living facilities with dementia care, direct-care staff must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, the staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review the	01540		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30625	A. BUILDING: _____ B. WING _____	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN OAK PLACE	1005 PAUL PARKWAY NE BLAINE, MN 55434

(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
01540	Continued From page 13 licensee failed to ensure one of two unlicensed personnel (ULP)-C received the required two hours of topics related to mental illness and de-escalation training in the required time frame. 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 the residents). The findings include: ULP-C began employment on October 28, 2022. ULP-C's employee record lacked evidence of having completed two hours of topics related to mental illness and de-escalation training within the required time frame. On July 2, 2025, at 9:55 a.m., licensed assisted living director (LALD)-A stated the mental illness training was assigned in Relias (online training platform) back in February and ULP-C had not yet completed it. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01540		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30625	A. BUILDING: _____ B. WING _____	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN OAK PLACE	1005 PAUL PARKWAY NE BLAINE, MN 55434

(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
01760	Continued From page 14 living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered 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, 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: R2's service plan dated February 23, 2024, indicated R2 received services to include medication administration. On July 1, 2025, at 8:20 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medication to R2.	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30625	A. BUILDING: _____ B. WING _____	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN OAK PLACE	1005 PAUL PARKWAY NE BLAINE, MN 55434

(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
01760	Continued From page 15 R2's prescriber's orders, dated March 12, 2025, indicated to change acetaminophen 325 mg tablets: take 2 tablets by mouth three times a day as needed for pain. R2's medication administration records (MAR) from March 2025 through June 2025, indicated R2 received scheduled acetaminophen 325 mg, two tablets, three times daily, every day. On July 1, 2025, registered nurse (RN)-B stated the acetaminophen order from March for R2 was a transcription error, the scheduled medication should have been changed to as needed and it was not caught. A medication error report had been completed along with notifications to family and the provider. The licensee's Medication Error policy dated June 1, 2024, indicated communities managed by [management company] have a goal of zero mediation errors. In the event an error occurs, staff will document, track, and resolve medication administration errors for quality improvement. Staff will be retrained if necessary. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Northern Oaks Place
1005 Paul Parkway NE
Blaine, MN 55434
Anoka County
Parcel:

Phone:

License Info

License: HFID 30625

Risk:
License:
Expires on:
CFPM: MARIO D. CHILLIS
CFPM #: 67648; Exp: 9/16/2025

Inspection Info

Report Number: F1029251047
Inspection Type: Full - Single
Date: 7/2/2025 Time: 10:45:04 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 3
Total Priority 2 Orders: 7
Total Priority 3 Orders: 9
Delivery:

New Order: 2-100 Supervision
2-102.12DMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033D Post the certified food protection manager certificate.
COMMENT: PHOTOCOPY OF CFPM CERTIFICATE POSTED. STAFF INSTRUCTED TO POST ORIGINAL OR DUPLICATE. ESTABLISHMENT'S CFPM PROVIDES CFPM SERVICES AT ONE OF THEIR OTHER LOCATIONS ABOUT 1.5 MILES AWAY. STAFF INFORMED THAT THE CFPM CAN BE SHARED WITH ONE OTHER ASSOCIATED FACILITY WITHIN A 60-MILE RADIUS PROVIDED THE CFPM IS PRESENT AT EACH FACILITY ENOUGH TO EFFECTIVELY ADMINISTER, MANAGE, AND SUPERVISE EACH ESTABLISHMENT'S FOOD SERVICE OPERATION.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 2-100 Supervision
2-102.12FMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033F The certified food protection manager must identify the hazards in the operation of the food establishment; develop or implement policies, procedures, or standards to prevent foodborne illness in the food establishment; coordinate training, supervision or direction of food preparation activities; take corrective action in the food establishment as needed to protect the health of the consumer; and, complete in-house self-inspections of the daily operations in the food establishment at a frequency that ensures food safety policies and procedures are followed.
COMMENT: FOOD SAFETY KNOWLEDGE NOT BEING EFFECTIVELY ADMINISTERED BY ESTABLISHMENT'S CFPM. STAFF INDICATED THAT THEY COOKED MACARONI NOODLES AT 10AM AND SUBSEQUENTLY PLACED THEM INTO A COVERED, UNPLUGGED, HOT HOLDER AND PLANNED TO PLUG IN THE HOT HOLDER AT 2PM, BEGIN ADDING OTHER INGREDIENTS TO MAKE IT MAC & CHEESE, AND CONTINUE TO HEAT UP FOR SERVICE AT 4PM. SAFE TIMES AND TEMPS REVIEWED WITH STAFF DUE TO THE CRITICAL CONTROL POINTS IDENTIFIED THAT COULD LEAD TO POSSIBLE BACTERIAL PROLIFERATION OF BACILLUS CEREUS AND/OR CLOSTRIDIUM PERFRINGENS, AMONG OTHERS. STAFF INSTRUCTED TO ENSURE CFPM IS PROVIDING ADEQUATE FOOD SAFETY KNOWLEDGE TO ALL INDIVIDUALS INVOLVED IN THE FOOD SERVICE OPERATION TO PREVENT UNSAFE FOOD PREPARATION ACTIVITIES.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 2-300 Personal Cleanliness
2-301.12C *Priority Level: Priority 3 CFP#: 8*
MN Rule 4626.0070C Food employees must avoid recontamination of their hands after handwashing by using a disposable paper towel or similar clean barrier to close faucet handles on a handwashing sink or the handle on a restroom door.
COMMENT: SINK TURNED OFF WITH HANDS AFTER HANDWASHING RATHER THAN WITH PAPER TOWELS. CORRECTED DURING INSPECTION.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

! **New Order: 2-300 Personal Cleanliness**
2-301.14B *Priority Level: Priority 1 CFP#: 8*
MN Rule 4626.0075B-G Food employees must wash their hands after: using the toilet; coughing or sneezing; using a handkerchief or disposable tissue; using tobacco; eating or drinking; handling soiled equipment or utensils; caring for or handling service animals or fish in an aquarium, molluscan shellfish or crustacea in a display tank; as frequently as necessary during food preparation to remove soil, contamination, and to prevent cross-contamination when changing food preparation tasks; when switching between working with raw food and working with RTE food; before donning gloves for working with food; and touching bare human body parts other than clean hands and clean exposed portions of arms.
COMMENT: STAFF TOUCHED FACE WITH GLOVES ON THEN ATTEMPTED TO PROCEED WITH FOOD SERVICE. CORRECTED DURING INSPECTION. STAFF WASHED HANDS AND DONNED NEW GLOVES.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 3-200B Food Characteristics:Receiving: temperature, condition
3-202.15 *Priority Level: Priority 2 CFP#: 13*
MN Rule 4626.0190 Food packages must be in good condition and must protect the food from adulteration and potential contaminants.
COMMENT: CAN OF WAX BEANS WITH SMALL DENT ON SEAM. STAFF INSTRUCTED TO NOT USE AND TO INSPECT AND REMOVE CANS WITH BLOATING AND/OR DENTED SEAMS. THE DANGERS OF CLOSTRIDIUM BOTULINUM AND POSSIBLE BOTULISM TOXIN FORMATION REVIEWED WITH STAFF.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.14B *Priority Level: Priority 3 CFP#: 41*
MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.
COMMENT: DAMP WIPING CLOTH NOT IN USE AND HALFWAY INTO SINK. STAFF INSTRUCTED TO HOLD WIPING CLOTHS IN SANITIZER WHEN NOT IN USE.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-305.11A *Priority Level: Priority 3 CFP#: 39*
MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.
COMMENT: DRY STORAGE RACK WITH FOOD ITEMS NOT AT LEAST 6" FROM FLOOR. STAFF INSTRUCTED TO ADJUST RACK TO ENSURE A MINIMUM OF 6" BETWEEN THE ITEMS AND THE FLOOR.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

! **New Order: 3-400B Destroying Organisms: reheating**
3-403.11D *Priority Level: Priority 1 CFP#: 19*
MN Rule 4626.0360D TCS foods reheated for hot holding must be heated to the required temperature within 2 hours.
COMMENT: MACARONI NOODLES COOKED AT 10AM THEN PLACED INTO HOT HOLDER WITH LID ON. HOT HOLDER WAS NOT TURNED ON. MACARONI TEMP AT 11:30 115-117F. STAFF INSTRUCTED TO BRING NOODLES BACK UP TO 165F BY 12PM OR DISCARD. STAFF PLUGGED HOT HOLDER IN AND SET TEMP. NOODLES MEASURED 155 IN SOME AREAS AND 125 IN OTHER AREAS. NOODLES DISCARDED BY STAFF. SAFE COOKING AND HOT HOLDING TIMES AND TEMPERATURES REVIEWED WITH STAFF.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 3-500C Microbial Control: date marking
3-501.17B *Priority Level: Priority 2 CFP#: 23*
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.
COMMENT: 6/6 DATE ON PLASTIC ZIP BAG OF SHREDDED CHEESE IN 2-DOOR UPRIGHT COOLER. STAFF INDICATED BAG WAS OPENED AND PLACED IN THE FREEZER ON 6/6 AND PULLED OUT OF FREEZER TODAY AND PLACED INTO COOLER TO THAW. STAFF INSTRUCTED TO WRITE THAT PULL DATES ON ITEMS REMOVED FROM FREEZING TEMPS TO ENSURE THE 7-DAY COUNT IS ADHERED TO FOR TIME SPENT AT 33-41F. CORRECTED DURING INSPECTION.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

! **New Order: 4-100 Equipment Construction Materials**
4-101.11A *Priority Level: Priority 1 CFP#: 47*
MN Rule 4626.0450A Remove all unsafe multi-use equipment, utensils, and food storage containers that impart color, odors or tastes to food.
COMMENT: NON-STICK COOKING PAN WITH FAILING NON-STICK SURFACE WITH AREAS SCRAPED AND CHIPPED OFF. STAFF INSTRUCTED TO REMOVE PAN FROM SERVICE IN ADDITION TO ANY OTHER IDENTIFIED NON-STICK COOKING VESSELS THAT HAVE FAILING SURFACES THAT MAY BE MIGRATING THE NON-STICK MATERIAL INTO FOODS DURING COOKING.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 4-100 Equipment Construction Materials
4-101.18 *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0493 Discontinue using cleaning aids or utensils that can scratch or scour the nonstick coating of pots, pans, griddles, cookie sheets, waffle makers and other cookware.
COMMENT: STAFF USING METAL UTENSIL TO PREPARE FOOD IN NON-STICK PAN WITH AREAS OF NON-STICK MATERIAL MISSING. INSTRUCTIONS PROVIDED TO DISCONTINUE USING UTENSILS ON NON-STICK SURFACES THAT CAN SCRATCH AWAY THE NON-STICK SURFACE AND TO NOT USE CLEANING DEVICES THAT CAN SCRATCH THE NON-STICK SURFACES.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 4-100 Equipment Construction Materials
4-101.19 *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0495 Remove non-food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling, or that require frequent cleaning, that are not constructed of a corrosion-resistant, non-absorbent, and smooth material.
COMMENT: EXPOSED MDF UNDER SINK WITH WATER DAMAGE. LAMINATE CHIPPED OFF ON CABINET HOLDING SURFACES. STAFF INSTRUCTED TO ENSURE SURFACES ARE REPAIRED/COVERED OR REPLACED TO MAKE THEM NON-ABSORBENT AND EASILY CLEANABLE.
Comply By: 7/18/2025 Originally Issued On: 7/2/2025

New Order: 4-300 Equipment Numbers and Capacities
4-301.14 *Priority Level: Priority 3 CFP#: 56*
MN Rule 4626.0690 Provide ventilation hood systems in sufficient number and capacity to prevent grease or condensation from collecting on walls and ceilings.
COMMENT: VENTILATOR ON HOOD WAS EITHER NOT ON OR NOT FUNCTIONING PROPERLY ENOUGH TO EFFECTIVELY OR NOTICEABLY PULL VAPORS FROM THE COOKING AREA ABOVE THE RANGE. STAFF INSTRUCTED TO ENSURE THE HOOD VENTILATION SYSTEM IS EFFECTIVELY DRAWING SMOKE, VAPOR, AND GREASE-LADEN VAPOR AWAY FROM THE RANGE AREA WHILE THE COOKING EQUIPMENT IS IN OPERATION.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.12B *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.
COMMENT: 4/5/23-7/2/25: NO SMALL DIAMETER PROBE THERMOMETER. VISUAL EXAMPLES PROVIDED DURING INSPECTION. STAFF INSTRUCTED TO OBTAIN AND USE A SMALL DIAMETER PROBE THERMOMETER.
Comply By: 4/12/2023 Originally Issued On: 7/2/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: 4/5/23-7/2/25: CHLORINE TEST STRIPS PRESENT FOR DISHWASHER BUT QUAT TEST STRIPS ABSENT FOR QUAT DISPENSER/CLOTH BUCKETS. VISUAL EXAMPLES PROVIDED DURING INSPECTION. STAFF INSTRUCTED TO OBTAIN AND MAINTAIN SUPPLY OF QUAT TEST STRIPS IF QUAT IS GOING TO BE USED TO SANITIZE. RANGE OF SAFE SANITZING CONCENTRATIONS REVIEWED.
Comply By: 4/7/2023 Originally Issued On: 7/2/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11A *Priority Level: Priority 2 CFP#: 16*
MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.
COMMENT: CAN OPENER AND BLADE WITH FOOD RESIDUES. STAFF INSTRUCTED TO CLEAN AFTER USE AND MAINTAIN CLEAN.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: KITCHEN CABINET SURFACES WITH BUILDUP OF FOODS AND RESIDUES. FLOOR IN DRY STORAGE ROOM WITH POPCORN AND OTHER FOOD DEBRIS AND SPLATTERED RESIDUES. STAFF INSTRUCTED TO CLEAN AND MAINTAIN CLEAN SURFACES.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.12 *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.
COMMENT: PAPER TOWEL DISPENSER NEXT TO KITCHEN HANDWASHING STATION BLOCKED WITH PILE OF MISCELLANEOUS ITEMS. CORRECTED DURING INSPECTION. STAFF INSTRUCTED TO PROVIDED UNOBSTRUCTED ACCESS TO PAPER TOWEL SUPPLY.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

New Order: 7-100 Toxic Labeling
7-102.11 *Priority Level: Priority 2 CFP#: 28*
MN Rule 4626.1595 Clearly label all working containers used for storing poisonous or toxic materials from bulk supplies such as sanitizers and cleaners, with the common name of the product.
COMMENT: SANITIZER SPRAY BOTTLE WITHOUT ANY IDENTIFIERS. STAFF INSTRUCTED TO LABEL CHEMICALS IF THEY ARE TAKEN OUT OF THEIR ORIGINAL CONTAINER. CORRECTED DURING INSPECTION.
Comply By: 7/2/2025 Originally Issued On: 7/2/2025

Food & Beverage General Comment

FOOD AND BEVERAGE INSPECTION CONDUCTED AS PART OF HRD SURVEY OF AN ASSISTED LIVING FACILITY. IDENTIFIED ISSUES REVIEWED WITH STAFF MEMBERS. EMPLOYEE ILLNESS LOGGING, EXCLUSION, AND

NOTIFICATION REQUIREMENTS REVIEWED IN ADDITION TO TEMPERATURE CONTROL, EMPLOYEE HYGIENE AND HANDWASHING, SANITIZING, HIGHLY SUSCEPTIBLE POPULATION, DATEMARKING, PROTECTION FROM CONTAMINATION AND CROSS-CONTAMINATION, AND OTHER FOODBORNE ILLNESS RISK FACTORS.

K-CLASS FIRE EXTINGUISHER TAGGED OCTOBER 2024 AND IN-PLACE ANSUL FIRE SUPPRESSION SYSTEM TAGGED JUNE 2025. CHEMICAL DISPENSER IN UTILITY ROOM WITH ASSE 1055 TAG.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1029251047 from 7/2/2025

HANNA PRYOR
REGIONAL DIRECTOR OF OPERATIONS

Trevor McCliment

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

Northern Oaks Place
Blaine
County/Group: Anoka County

Inspection Info

Report Number: F1029251047
Inspection Type: Full
Date: 7/2/2025
Time: 10:45:04 AM

New Record: Product/Item/Unit: CHOPPED COOKED SAUSAGE**; Temperature Process:** COOK TEMP IN PAN
Location: IN PAN ON RANGE IN KITCHEN at 200 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: MILK**; Temperature Process:** COLD HOLDING
Location: 2-DOOR UPRIGHT at 40 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: BUTTER **; Temperature Process:** COLD HOLDING
Location: 2-DOOR UPRIGHT at 41 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

Northern Oaks Place
Blaine
County/Group: Anoka County

Inspection Info

Report Number: F1029251047
Inspection Type: Full
Date: 7/2/2025
Time: 10:45:04 AM

Sanitizing Chemical: **Product:** QUATERNARY AMMONIUM**; Sanitizing Process:** DISPENSER
Location: UTILITY ROOM **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** QUATERNARY AMMONIUM**; Sanitizing Process:** WIPING CLOTH BUCKET
Location: KITCHEN **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** CHLORINE COMPOUND**; Sanitizing Process:** DISH MACHINE
Location: KITCHEN **Equal To** 100 PPM
Comment:
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F1029251047

Food Establishment Inspection Report

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

No. of Risk Factor/Intervention/Violations	7	Date: 7/2/2025
No. of Repeat Risk Factor/Intervention/Violations		Time: 10:45:04 AM
Score (optional)		Dur: min

Establishment:	Address:	City/State:	Zip:	Phone:
Northern Oaks Place	1005 Paul Parkway NE	Blaine, MN	55434	
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 30625		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable — **COS**=corrected on-site during inspection **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	OUT	Certified Food Protection Manager		
	Employee Health			
3	IN	knowledge, responsibiities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
	Good Hygienic Practices			
6	N/O	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	OUT	Hands clean and properly washed		
9	IN	No bare hand contact with RTE foods, alternatives		
10	OUT	Adequate handwashing sinks supplied and access		
	Approved Source			
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	OUT	Food in good condition, safe & unadulterated		
14	N/A	Records available: shellstock tags, parasite dest.		
	Protection From Contamination			
15	IN	Food separated and protected		
16	OUT	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned,& unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	IN	Proper cooking time & temperatures		
19	OUT	Proper reheating procedures for hot holding		
20	N/O	Proper cooling time and temperature		
21	N/O	Proper hot holding temperatures		
22	IN	Proper cold holding temperatures		
23	OUT	Proper date marking & disposition		
24	N/A	Time as public health control;procedures & record		
	Consumer Advisory			
25	N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
26	IN	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	N/A	Food additives; approved & properly used		
28	OUT	Toxic substances properly identified;stored;used		
	Conformance with Approved Procedures			
29	N/A	Compliance with variance, specialized processes & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R — **COS**=corrected on-site during inspection **R**=repeat violation

			COS	R
		Safe Food and Water		
30	N/A	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34	N/O	Plant food properly cooked for hot holding		
35	IN	Approved thawing methods used		
36	X	Thermometers provided & accurate		
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present; no unauthorized person		
39	X	Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41	X	Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

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

Person in Charge (signature)

Inspector (signature) Trevor McClime

Follow-up: Follow-up Date: