Electronically Delivered

October 9, 2025

Licensee
St Andrew's Village
220 East Avenue
Mahtomedi, MN 55115

RE: Project Number(s) SL21177016

Dear Licensee:

On September 2, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on May 15, 2025. This follow-up survey verified that the facility is in substantial compliance.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Electronically Delivered

July 9, 2025

Licensee
St. Andrew's Village
220 East Avenue
Mahtomedi, MN 55115

RE: Project Number(s) SL21177016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 15, 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.

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 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. 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.

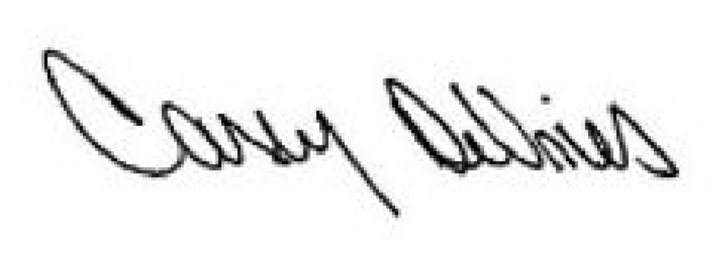
INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with St. Andrew's Village. Please contact Casey DeVries at 651-201-5917 on or before Monday, July 14, 2025, to schedule the conference call.

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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21177	A. BUILDING: _____ B. WING _____	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANDREW'S VILLAGE	220 EAST AVENUE MAHTOMEDI, MN 55115

(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 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: SL21177016-0 On May 12, 2025, through May 15, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 72 residents; 72 receiving services under the Assisted Living Facility with Dementia Care license. An immediate correction order was identified on May 14, 2025, issued for SL21177016-0, tag identification 1290. During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.	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.	
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1)Beginning August 1, 2021, no assisted living	0 100		

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0 100	Continued From page 1 facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.	0 100		

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0 100	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to manage, control, and operate the entire building as an assisted living facility when the licensee shared the building for mixed use with non-assisted living occupants. This had the potential to 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, 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: The licensee's address at 220 East Avenue, Mahtomedi, was licensed as an assisted living facility with dementia care (ALFDC). The address at 220 East Avenue address was physically connected to 240 East Avenue, which was an independent living facility, and 260 East Avenue, which housed a childcare center physically located in the basement of the ALFDC. On May 12, 2025, at 11:06 a.m. licensed assisted living director (LALD)-B stated the childcare center in the basement of the facility was owned by the licensee but leased out to the operating entity. Additionally, LALD-B stated that residents residing in the independent living and ALFDC both utilized the dining room situated in the independent living section of the facility, and there	0 100		

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0 100	Continued From page 3 were no additional kitchens or dining areas within the ALFDC. On May 14, 2025, at 3:11 p.m., LALD-B stated the childcare center located in the basement of the ALFDC, and had a separate entrance addressed as 260 East Avenue. LALD-B stated there was only one entrance into the ALFDC,which was part of the independent living facility addressed 240 East Avenue. LALD-B stated there was a secondary side entrance for the independent living side of the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 100		
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 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	0 480		

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0 480	Continued From page 4 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 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.	0 480		

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0 480	Continued From page 5 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 May 13, 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 to the FBEIR for any compliance dates.	0 480		
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	0 810		

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0 810	Continued From page 6 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, provide the required training and drills. 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:	0 810		

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0 810	Continued From page 7 May 14, 2025, from 10:45 a.m. to 2:30 p.m., with licensed assisted living director (LALD)-A and environmental services director E-J. Provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. DRILLS The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. Record review of licensee's evacuation drill log, titled "Fire Drill/Fire Alarm System Test", dated May 15, 2022, indicated evacuation fire drills were conducted almost every other month, but drill was used as a training session and not evaluation of the FSEP. No other documentation was provided. On May 14, 2025, at 12:30 p.m., LALD-B/E-J stated they understood the stature requirements and will comply with statue requirements going forward.	0 810		
01290 SS=I	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	01290		

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01290	Continued From page 8 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 observation, interview, and record review, the licensee failed to ensure a background study (BGS) was submitted and received in affiliation with the assisted living license for three of six employees (housekeeping (H)-F, server (S)-G, and receptionist (R)-I). 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). The findings include: R-I R-I was hired June 28, 2021, to provide reception and clerical services for residents and visitors. R-I's employee record contained a BGS clearance letter dated July 6, 2021, affiliated to the licensee's sister facility health facility identification number (HFID) 189. The licensee's NetStudy 2.0 roster (web-based system used to submit BGS requests to the Department of Human Services (DHS)) indicated R-I's BGS status was "Eligible - COVID-19 Study- Expired". R-I's record lacked evidence the licensee submitted a BGS after the COVID-19 study	01290		

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01290	Continued From page 9 expired or affiliated a BGS to the licensee's current HFID number prior to the start of the survey. On May 14, 2025, at 1:39 p.m., human resources (HR)-K stated R-I last worked in an independent and unsupervised capacity May 11, 2025, 9:00 a.m. to 3:00 p.m., May 10, 2025, 9:00 a.m. to 3:00 p.m., May 6, 2025, from 1:00 p.m. to 5:00 p.m., April 12, 2025, 9:00 a.m. to 3:00 p.m., April 6, 2025, 9:00 a.m. to 3:00 p.m., and April 5, 2025, 9:00 a.m. to 3:00 p.m. H-F H-F was hired April 19, 2021, to provide housekeeping services for residents. H-F's employee record contained a BGS clearance letter dated November 11, 2021, affiliated to the licensee's sister facility HFID 31272. H-F's record lacked evidence the licensee submitted or affiliated a BGS under the licensee's current HFID number prior to the start of the survey. On May 14, 2025, at 1:55 p.m., HR-K stated H-F last worked in an independent and unsupervised capacity May 13, 2025, 7:30 a.m. - 3:30 p.m., and May 12, 2025, 7:30 a.m. - 3:30 p.m. S-G S-G was hired March 18, 2008, to provide meal assistance for residents. S-G's employee record contained a BGS clearance letter dated October 6, 2021, affiliated to the licensee's sister facility HFID 29889. S-G's record lacked evidence the licensee submitted or affiliated a BGS under the licensee's current HFID number prior to the start of the survey.	01290		

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ST ANDREW'S VILLAGE	220 EAST AVENUE MAHTOMEDI, MN 55115

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01290	Continued From page 10 On May 14, 2025, at 1:55 p.m., HR-K stated S-G last worked in an independent and unsupervised capacity on March 28, 2025, from 12:30 p.m. to 4:00 p.m., and March 20, 2025, from 11:00 a.m. to 3:00 p.m. On May 14, 2025, at 12:45 p.m., HR-K stated they were responsible for ensuring the completion of background studies within the licensee. HR-K stated they were unaware that COVID-19 background studies expired and needed to be rerun. Additionally, HR-K stated that after the COVID emergency, the licensee received a report from their corporate compliance office containing all staff that needed to have their background studies rerun. HR-K stated R-I was likely not included on the list due to their background study not being affiliated to the licensee's HFID as they only worked in an on-call capacity. On May 14, 2024, the DHS website for "Background studies" indicated DHS temporarily modified background studies during the COVID-19 pandemic. Those modifications ended January 1, 2023. On May 14, 2025, the DHS website for "Emergency background studies end" indicated that emergency studies were no longer valid. Individuals who only had an emergency study must have a fully compliant fingerprint-based background study. The licensee's Background Check Policy MINNESOTA dated August 14, 2023, indicated all offers of employment are contingent upon the individual's consent to and successful completion of a criminal background check. Current employees may also be subject to periodic	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21177	A. BUILDING: _____ B. WING _____	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANDREW'S VILLAGE	220 EAST AVENUE MAHTOMEDI, MN 55115

(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 11 background checks during their employment as required or permitted by law and with the approval of Human Resources. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	01290		

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

St Andrew's Village
220 East Avenue
Mahtomedi, MN 55115
Washington County
Parcel:

Phone:
sauvin1@preshomes.org

License Info

License: HFID 21177

Risk:
License:
Expires on:
CFPM: Sarah Auvin
CFPM #: 55850; Exp: 2/8/2028

Inspection Info

Report Number: F1031251018
Inspection Type: Full - Single
Date: 5/13/2025 Time: 10am
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 3
Delivery: Emailed

New Order: 4-100 Equipment Construction Materials
4-101.11BCDE *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0450BCDE Remove all multi-use equipment, utensils, and food storage containers that are not durable, corrosion-resistant, nonabsorbent, smooth, easily cleanable, resistant to pitting, chipping, scratching or not able to withstand repeated warewashing.
COMMENT: MULTIPLE UTENSILS IN KITCHEN HAD DAMAGE TO HANDLES MAKING THEM UNCLEANABLE.

ALL DAMAGED UTENSILS WERE DISCARDED.

CHECK UTENSILS FOR DAMAGE PRIOR TO USE
Comply By: Complied On Site Originally Issued On: 5/13/2025

New Order: 4-400 Equipment Location and Installation
4-402.11A *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.
COMMENT: 1. PREP TABLE SILICONE IS DAMAGED.
REMOVE OLD SILICONE, CLEAN, AND REDO SILICONE WITH 100% SILICONE SEALANT ONLY.

2. SILICONE IS MISSING BETWEEN PREP SINK AND PREP TABLE.
CLEAN AREA AND ADD 100% SILICONE SEALANT ONLY.
Comply By: 6/3/2025 Originally Issued On: 5/13/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.11 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1515 Maintain the physical facilities in good repair.
COMMENT: 1. TILE TO LEFT OF WALK-IN DOOR LOOSE.
2. TILE TO RIGHT OF WALK-IN DOOR MISSING TOP GROUT/FILL.
REPAIR TILE AND ADD GROUT AS NEEDED.

3. WALK-IN FREEZER THRESHOLD NOT PROPERLY ATTACHED TO FLOOR.
REINSTALL OR REPLACE ANCHORS GOING INTO TILE FLOOR.
SILICONE AROUND THRESHOLD USING 100% SILICONE.
Comply By: 6/3/2025 Originally Issued On: 5/13/2025

Food & Beverage General Comment

Nurse evaluator on site: Zach Morth

All violations discussed with PIC prior to leaving site.

**Memory care has 2-comp sink. Designate side for handwashing and keep clear at all times.

Discussed:
- Cooling and reheating processes
- Pasteurized eggs - Est. has pasteurized eggs on site
- illness
- Facility upkeep

ILLNESS COMPLAINT PROCEDURE:
If any customer complains of illness take these steps:
1. Gather as much information from the customer as possible, such as: name, phone#, date of illness, food consumed.
2. Give customer the illness hotline phone number: 1-877-366-3455.
3. Contact your health inspector: Give inspector information gathered from customer and any other useful information.

Contact inspector prior to any major equipment or building changes; some changes may require plan review to be completed.

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 F1031251018 from 5/13/2025

Sarah Auvin
Kitchen Manager

Chris Foster, REHS/RS
Public Health Sanitarian 3
651-201-4728
chris.j.foster@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

St Andrew's Village
Mahtomedi
County/Group: Washington County

Inspection Info

Report Number: F1031251018
Inspection Type: Full
Date: 5/13/2025
Time: 10am

Food Temperature: Product/Item/Unit: Dressing**; Temperature Process:** Cold-Holding
Location: 2-Door Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Soup**; Temperature Process:** Hot-Holding
Location: Soup Warmer at 189 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Chow Mein**; Temperature Process:** Hot-Holding
Location: Oven at 168 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: French Toast Mix**; Temperature Process:** Cold-Holding
Location: 1-Door Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Tomatoes; Sliced**; Temperature Process:** Cold-Holding
Location: Prep Table (top) at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cold Slaw**; Temperature Process:** Cold-Holding
Location: Prep Table (bottom) at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Chicken**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 33 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Chow Mein**; Temperature Process:** Hot-Holding
Location: Steam Table (Memory Care) at 165 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Counter at 41 Degrees F.
Comment:
Violation Issued?: No

<u>Equipment Temperature</u>: Product/Item/Unit: 1-Door Cooler**; Temperature Process:** Ambient
Location: Memory Care 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

St Andrew's Village
Mahtomedi
County/Group: Washington County

Inspection Info

Report Number: F1031251018
Inspection Type: Full
Date: 5/13/2025
Time: 10am

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 161 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Sink & Surface**; Sanitizing Process:** Dispenser
Location: Dishwashing Area **Equal To** 700 Degrees F.
Comment:
Violation Issued?: No