Electronically Delivered

December 31, 2024

Licensee
Pines III Assisted Living
50 East St. Marie Street
Duluth, MN 55803

RE: Project Number(s) SL20866016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 21, 2024, 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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

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,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 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
	20866	A. BUILDING: _____ B. WING _____	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINES III ASSISTED LIVING	50 EAST ST. MARIE STREET DULUTH, MN 55803

(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: SL20866016-0 On November 19, 2024, through November 21, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 55 residents; 55 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (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 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	0 480		

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0 480	Continued From page 2 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. 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 November 19,2024, 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		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to post the required information related to the grievance procedure. This had the potential to affect all current 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).	0 550		

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0 550	Continued From page 4 The findings include: During a facility tour on November 19, 2024, at 10:55 a.m., the surveyor observed, and confirmed with clinical nurse supervisor (CNS)-B, the licensee's grievance procedure was posted at the main entrance; however, the grievance procedure posting lacked the required content to include the contact information for the Office of Ombudsman for Long-Term Care and Mental Health and Developmental Disabilities. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 550		
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	01290		

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01290	Continued From page 5 by: Based on interview and record review, the licensee failed to ensure background studies (BGS) were submitted and a clearance received in affiliation with the assisted living licensee's current health facility identification (HFID) for five of five on call employees (registered nurse (RN)-H, RN-I, RN-J, RN-K, RN-L). This had the potential to affect all 55 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: During entrance conference on November 19, 2024, from 9:36 a.m. to 10:24 a.m., clinical nurse supervisor (CNS)-B stated the licensee employed three licensed staff; however, shared on-call with other RNs who worked at other assisted living locations managed by the same company and would not be included on the employee roster. The licensee's RN On-Call Calendar for November 2024 and December 2024 indicated the following: RN-H was scheduled to be on-call November 1, through November 3, December 1, and December 23 through December 29; RN-I was scheduled to be on-call November 25, though November 30, and December 16 through December 22;	01290		

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01290	Continued From page 6 RN-J was scheduled to be on-call November 18, through November 24; RN-K was scheduled to be on-call December 30, and December 31; and RN-L was scheduled to be on-call December 9, through December 15. RN-H RN-H had a hire date of June 22, 2015. RN-H's BGS clearance letter dated May 27, 2022, was cleared; however, was affiliated with HFID 30986 and not the affiliated to the licensee's assisted living HFID 20866. RN-I RN-I had a hire date of July 12, 2022. RN-I's BGS clearance letter dated July 12, 2022, was cleared; however, was affiliated with HFID 38963 and not the affiliated to the licensee's assisted living HFID 20866. RN-J RN-J had a hire date of April 6, 2023. RN-J's BGS clearance letter dated April 6, 2023, was cleared; however, was affiliated with HFID 30986 and not the affiliated to the licensee's assisted living HFID 20866. RN-K RN-K had a hire date of December 13, 2022. RN-K's BGS clearance letter dated December 13, 2022, was cleared; however, was affiliated with HFID 30986 and not the affiliated to the licensee's assisted living HFID 20866. RN-L RN-L had a hire date of May 28, 2020. RN-L's BGS clearance letter dated April 13, 2022, was cleared; however, was affiliated with HFID 30986 and not the affiliated to the licensee's	01290		

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01290	Continued From page 7 assisted living HFID 20866. On November 21, 2024, at 11:40 a.m., CNS-B stated the Minnesota Department NETStudy employee roster did not include the on-call RNs who were hired and work at other assisted livings owned by the same management company and were not affiliated with the licensee's HFID 20866. CNS-B stated she would have to call corporate office to request the on-call RNs BGS. CNS-B stated they were unaware the on-call RN's BGS Clearance letters were required to be affiliated with the licensee's HFID number. On November 21, 2024, at 12:38 p.m., CNS-B provided the surveyor with the on-call RNs BGS and confirmed were not affiliated with the licensee's HFID 20866. The licensee's Administrative and Organizational Policy and Procedures: General Human Resources Pre-Hire Procedure dated June 2024, indicated the Background Study Form would be completed and returned prior to onboarding date. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.	01890		

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01890	Continued From page 8 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained and monitored for expired dates for time sensitive medication stored by the licensee for one of three residents (R4). 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: During entrance conference on November 19, 2024, at 9:36 a.m., to 10:24 a.m., clinical nurse supervisor (CNS)-B stated the license provided medication storage in each resident rooms in a locked cabinet and only nurses and unlicensed personnel (ULP) had access to the medications. R4's Service Plan dated October 14, 2024, indicated R4 received medication administration. R4's prescriber orders dated October 8, 2024, included Timoptic Solution 0.5% eye drop (reduces eye pressure) one drop in left eye daily. On November 19, 2024, at 1:59 p.m., the surveyor observed ULP-E administering R4 scheduled afternoon medications. The surveyor observed R4's cupboard where R4's medications were stored with ULP-E and observed two bottles	01890		

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01890	Continued From page 9 of Timolol eye drops (decreases eye pressure) which lacked the date the eye drop was opened and when the eye drop would expire. ULP-E stated they were unaware R4's Timolol eye drop needed to have the date the eye drop had been opened. On November 19, 2024, at 2:58 p.m., CNS-B stated staff were trained to date insulin when opened; however, since the pharmacy delivered medications every 28 days, they were unaware the need to date other time-sensitive medications when opened and/or would expire. On November 20, 2024, at 8:43 a.m., the surveyor observed ULP-F administering R4's Timolol 0.5% eye drop (decrease eye pressure) into R4's left eye. Immediately following R4's eye drop administration, ULP-F stated R4's Timolol eye drops lacked a date the eye drop was opened or would expire. ULP-F stated they have not been instructed to date time sensitive medications when opened. ULP-F stated R4 had two bottles of Timolol eye drops stored in R4's cupboard that were not dated and ULP-F did not know when either of the eye drop was opened or would expire. The manufacturer instructions for Timolol eye drop dated July 2024, directed to discard Timolol eye drop 28 days after opening. The licensee's Storage and Handling of Medications policy dated May 2024, indicated the registered nurse must conduct a nursing assessment of a resident's need for medication management services, including the appropriate way to store the resident's medications by considering manufacturer recommendations for storage.	01890		

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01890	Continued From page 10 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *11/19/24*
Time: 10:05:00
Report: 1006241172

Food and Beverage Establishment Inspection Report

Location:
Pines Iii Assisted Living
50 East St. Marie Street
Duluth, MN55803
St. Louis County, 69

Establishment Info:
ID #: 0037689
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2187245500
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.

4-500 Equipment Maintenance and Operation

4-501.114C3 ***** Priority 1 *****

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

SEE COMMENTS.

Comply By: 11/22/24

4-300 Equipment Numbers and Capacities

4-302.14 ***** Priority 2 *****

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

STAFF DIDN'T HAVE QUAT AMMONIA TEST STRIPS FOR THE SANITIZER DISPENSER. TEST STRIPS LEFT WITH DIRECTOR TO HELP ENSURE SANITIZER IS WORKING CORRECTLY UNTIL PERFORMANCE CAN COME AND REPAIR. MAKE SURE SANITIZER IS BETWEEN 200-400 PPM.

Corrected on Site

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

DAVID AND JUSTIN BOTH TOOK A FOOD MANAGERS COURSE, BUT DIDN'T SEND IN FOR THE STATE CERTIFIED FOOD PROTECTION MANAGER'S CERTIFICATE. INFO EMAILED WITH REPORT.

Comply By: 01/19/25

2-100 Supervision

2-102.12DMN

MN Rule 4626.0033D Post the certified food protection manager certificate.

ONCE A STATE CERTIFICATE IS OBTAINED, POST THE STATE CERTIFICATE IN THE ESTABLISHMENT.

Comply By: 01/19/25

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.

CONTAINER OF SALT, AND LARGE BINS OF SUGAR AND PANKO BREAD CRUMBS DIDN'T HAVE A LABEL. CONTAINERS WERE ALL LABELED IMMEDIATELY.

Corrected on Site

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

THE GASKETS ARE PULLING AWAY ON BOTH THE UPRIGHT REFRIGERATOR AND UPRIGHT FREEZER DOORS. STAFF DID JUST GET APPROVAL TO PURCHASE COMPLETELY NEW UPRIGHTS. MONITOR TEMPERATURES TO MAKE SURE PROPER TEMPS ARE BEING MAINTAINED UNTIL NEW UNITS ARE OBTAINED.

Comply By: 01/01/25

4-500 Equipment Maintenance and Operation

4-501.12

MN Rule 4626.0740 Resurface scratched or scored cutting blocks and boards or discard if they can no longer be effectively cleaned and sanitized or resurfaced.

THE CUTTING BOARD ON THE BREAD/TOASTER SIDE OF THE LINE IS BADLY SCRATCHED AND SHOWING SIGNS OF MILDEW. DISCUSSED RESURFACING OR REPLACING.

Comply By: 12/10/24

5-200A Plumbing: approved materials/design

5-201.11B

MN Rule 4626.1040B Maintain the plumbing system in good repair.

THE TAPE AROUND THE INSULATION ON THE DISH MACHINE HOT WATER LINE HAS COME OFF SO THERE IS EXPOSED INSULATION. DISCUSSED HAVING THIS PROPERLY RE-TAPED TO COVER THE INSULATION.

Comply By: 12/03/24

Surface and Equipment Sanitizers

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

Quaternary Ammonia: = 0 PPM at Degrees Fahrenheit
Location: DISPENSER
Violation Issued: Yes

Quaternary Ammonia: = 0 PPM at Degrees Fahrenheit
Location: SANITIZER SPRAY BOTTLE
Violation Issued: Yes

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit
Location: SANITIZER- AFTER LINE ADJUSTMENTS
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cooking
Temperature: 164 Degrees Fahrenheit - Location: POTATOES
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 39 Degrees Fahrenheit - Location: FRUIT
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 36 Degrees Fahrenheit - Location: MILK
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 37 Degrees Fahrenheit - Location: CHICKEN WILD RICE SOUP
Violation Issued: No

Process/Item: Upright Freezer
Temperature: Degrees Fahrenheit - Location: ALL FOODS FROZEN
Violation Issued: No

Process/Item: Hot Holding
Temperature: 148 Degrees Fahrenheit - Location: MASHED POTATOES
Violation Issued: No

Process/Item: Cooking
Temperature: 172 Degrees Fahrenheit - Location: GRAVY
Violation Issued: No

Process/Item: Cooking
Temperature: 170 Degrees Fahrenheit - Location: CHICKEN
Violation Issued: No

Process/Item: Cooking
Temperature: 174 Degrees Fahrenheit - Location: CHICKEN
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Cooking
Temperature: 172 Degrees Fahrenheit - Location: CHICKEN
Violation Issued: No

Process/Item: Cooking
Temperature: 190 Degrees Fahrenheit - Location: PEAS
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	1	1	6

COMMENTS:
INSPECTION ACCOMPANIED WITH THE DINING SERVICES DIRECTOR, DAVID ANDERT.

KITCHEN IS CLEAN AND ORDERLY.

QUATERNARY AMMONIA SANITIZER DISPENSER COMMENTS:
THE DISPENSER SYSTEM WAS NOT DISPENSING ENOUGH CHEMICAL TO REGISTER 400 PPM WHEN THE FIRST BUCKET WAS FILLED. THE LINE APPEARED TO HAVE AN AIR BUBBLE IN IT AND AFTER SHAKING THE LINE AND RUNNING IT A WHILE IT STARTED TO DISTRIBUTE MORE CHEMICAL AND WAS DISPENSING AT 400 PPM. THE SANITIZER BOTTLE THAT WAS FILLED THAT MORNING WAS REGISTERING 0 PPM, SO THAT WAS REFILLED AS WELL. STAFF ARE GOING TO CALL PERFORMANCE FOODS TO HAVE THEM CHECK THE LINES ON THE DISPENSER TO MAKE SURE IT IS DISPENSING PROPERLY, 400 PPM, EVERY TIME. TEST STRIPS LEFT WITH STAFF TO CHECK LEVELS EVERY TIME THEY REFILL BUCKETS AND BOTTLES TO MAKE SURE IT IS WORKING CORRECTLY UNTIL PERFORMANCE FOODS CAN CHECK THE SYSTEM.

OBSERVED GOOD HAND WASHING AND GLOVE USE. REMINDER ON THE IMPORTANCE OF PROPER HAND WASHING, CHANGING GLOVES, AND NO BARE HAND CONTACT WITH ALL READY TO EAT FOODS BY USING GLOVES, TONGS, DELI TISSUE, ETC.

DISCUSSED THE EMPLOYEE ILLNESS POLICY AND THE EXCLUSION OF EMPLOYEES SICK WITH SYMPTOMS OF VOMITING AND/OR DIARRHEA UNTIL THEY HAVE BEEN SYMPTOM FREE FOR AT LEAST 24 HOURS. ALSO, CONTACT THE DEPARTMENT OF HEALTH IF ANY EMPLOYEES ARE DIAGNOSED WITH HEPATITIS A., SHIGA TOXIN-PRODUCING E. COLI, SALMONELLA, SHIGELLA, OR NOROVIRUS OR IF THERE ARE ANY CUSTOMER ILLNESS COMPLAINTS.

Type: Full
Date: *11/19/24*
Time: 10:05:00
Report: 1006241172
Pines Iii Assisted Living

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 Minnesota Department of Health inspection report number 1006241172 of 11/19/24.

Certified Food Protection Manager: None

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed:_____
David Andert
Kitchen Director

Signed:_____
Callie Harrison

218-302-6173
callie.harrison@state.mn.us

Report #: 1006241172

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out	2
No. of Repeat RF/PHI Categories Out	0
Legal Authority MN Rules Chapter 4626	

Date 11/19/24
Time In 10:05:00
Time Out

Establishment	Address	City/State	Zip Code	Telephone
Pines Iii Assisted Living	50 East St. Marie Street	Duluth, MN	55803	2187245500

License/Permit #	Permit Holder	Purpose of Inspection	Est Type	Risk Category
0037689		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle 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)	OUT			PIC knowledgeable; duties & oversight		
2	IN	(OUT)	N/A		Certified food protection manager, duties		
Employee Health							
3	(IN)	OUT			Mgmt/Staff;knowledge,responsibilities&reporting		
4	(IN)	OUT			Proper use of reporting, restriction & exclusion		
5	(IN)	OUT			Procedures for responding to vomiting & diarrheal events		
Good Hygenic Practices							
6	(IN)	OUT		N/O	Proper eating, tasting, drinking, or tobacco use		
7	(IN)	OUT		N/O	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands							
8	(IN)	OUT		N/O	Hands clean & properly washed		
9	(IN)	OUT	N/A	N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10	(IN)	OUT			Adequate handwashing sinks supplied/accessible		
Approved Source							
11	(IN)	OUT			Food obtained from approved source		
12	IN	OUT	N/A	(N/O)	Food received at proper temperature		
13	(IN)	OUT			Food in good condition, safe, & unadulterated		
14	IN	OUT	(N/A)	N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination							
15	(IN)	OUT	N/A	N/O	Food separated and protected		
16	IN	(OUT)	N/A		Food contact surfaces: cleaned & sanitized		
17	(IN)	OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food		

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

Risk factors (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) 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" 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	(IN) OUT N/A	Pasteurized eggs used where required		
31		Water & ice obtained from an approved source		
32	IN OUT (N/A)	Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34	(IN) OUT N/A N/O	Plant food properly cooked for hot holding		
35	IN OUT N/A (N/O)	Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37	X	Food properly labled; original container	X	
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food prep, storage & display		
40		Personal cleanliness		
41		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 & used		
46		Gloves used properly		
Utensil Equipment and Vending				
47	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, & used; test strips	X	
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51	X	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		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) **Date:** 11/19/24

Inspector (Signature)