Electronically Delivered

February 11, 2025

Licensee
Maple Hill Senior Living LLC
3030 Southlawn Drive
Maplewood, MN 55109

RE: Project Number(s) SL31968016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 20, 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,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 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
	31968	A. BUILDING: _____ B. WING _____	12/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE HILL SENIOR LIVING LLC	3030 SOUTHLAWN DRIVE MAPLEWOOD, MN 55109

(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: SL31968016-0 On December 16, 2024, through December 20, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 73 residents; 73 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 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 must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter	0 480		

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0 480	Continued From page 1 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 and in good condition; (6) notwithstanding Minnesota Rules, part	0 480		

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0 480	Continued From page 2 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 December 17, 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 to the FBEIR for any compliance dates.	0 480		

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0 660	Continued From page 3	0 660		
0 660 SS=E	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which includes a history and symptom screening for two of two employees (unlicensed personnel (ULP)-C and ULP-D) and a TB test which could include TB blood test or TB skin test for one of two employees (ULP-D). 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	0 660		

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0 660	Continued From page 4 a limited number of staff are involved or the situation has occurred only occasionally). Findings include: The facility TB risk assessment completed July 15, 2024, indicated the facility was at a low risk for TB transmission. ULP-D ULP-D was hired on November 22, 2023, to provide direct care services to licensee residents. ULP-D's employee file lacked: - TB history and symptom screening; and - a TB test which could include TB blood test or TB skin test. ULP-C ULP-C was hired on March 9, 2012, to provide direct care services to licensee residents. ULP-C's employee record contained evidence of a QuantiFERON (detects latent tuberculosis) blood test dated April 28, 2022, however, the record lacked: - evidence of a completed TB history and symptom screening. On December 17, 2024, at 3:25 p.m., director of nursing (DON)-B stated all staff were required to complete a TB history and symptom screening, and a TB blood test upon hire, but stated she was unable to locate a TB history and symptom screening for ULP-C or ULP-D, or a TB skin or blood test for ULP-D. The CDC's document titled Baseline Tuberculosis Screening and Testing for Health Care Personnel dated December 19, 2023, recommended all	0 660		

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0 660	Continued From page 5 health care personnel should be screened for TB upon hire and the TB screening process included: - a baseline individual TB risk assessment; - TB symptom evaluation; and - a TB test which could include TB blood test or TB skin test. The licensee's Associate Records policy, dated November 2023, verified the employee records would include documentation of "required health screenings for Tuberculosis (TB) have taken place and the dates of those screenings." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except	0 780		

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0 780	Continued From page 6 that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of the Minnesota State Fire Code. 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 the potential to affect a large portion or all of the residents). The findings include: On a facility tour on December 18, 2024, from 11:00 a.m., to 1:45 p.m., with maintenance director (DM)-E, the surveyor made the following observations of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511: MAGNETICALLY LOCKED EXIT DOORS The exit doors from the secured Dementia Care Unit were provided with a magnetic locking system to secure occupants in the unit. There was not an emergency release button observed, installed in an approved location to unlock all doors in the event of a fire or similar emergency.	0 780		

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0 780	Continued From page 7 During record review on December 18, 2024, the Fire Safety and Evacuation Plan lacked the procedures to unlock the magnetically locked exit doors for the purpose of exiting in the event of a fire or similar emergency. During an interview on December 18, 2024, at 1:45 p.m., the surveyor explained to LALD-A, and DM-E, that an emergency release button to release all magnetically locked doors is required to be installed at the nurse station, fire command center or other approved location in order to release the doors for exiting in the event of a fire or similar emergency. FIRE RESISTANT RATED DOOR MAINTENANCE The fire-resistant rated door closer was removed from the laundry room door outside the Dementia Care Unit on the first floor. The fire-resistant rated door provided with spring loaded hinges did not automatically close and latch in resident sleeping room 215. The surveyor explained to DM-E, that fire-resistant rated doors are required to be maintained as designed and installed with closers in place to automatically close and latch to prevent the passage of smoke or fire to the corridor. EXIT SIGNS There was not exit signs installed visible from any direction of travel in the second-floor corridor at the cross-corridor walls in the center of the building near resident sleeping rooms 247 and	0 780		

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0 780	Continued From page 8 249. There was not exit signs installed visible from any direction of travel in the first-floor corridor at the cross-corridor double direction doors in the center of the building. The surveyor explained to DM-E, and licensed assisted living director (LALD)-A, that where two exits are required exit signs are required to be visible from any direction of travel to lead occupants to the two required exits. CEILING MAINTENANCE The ceiling was removed in the electrical room and information technology room in the kitchen area. The suspended ceiling is required to be maintained in place to provide proper activation of the fire sprinkler heads in the event of a fire in the room or space. EMERGENCY LIGHTING There was only one emergency light installed at one end in the second-floor corridor near resident sleeping rooms 248 through 265. The surveyor explained to DM-E, and LALD-A, that sufficient emergency lighting is required to provide one foot-candle of light at the floor level throughout the entire exit path. COMMERCIAL KITCHEN HOOD AND DUCT CLEANING There was not a documentation tag on the commercial kitchen hood indicating required periodic maintenance was completed. Periodic maintenance and cleaning of the commercial	0 780		

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0 780	Continued From page 9 kitchen hood and duct is requried to be competed and documented in accordance with MSFC in Minnesota Rules Chapter 7511. CLOTHES DRYER VENTS The clothes dryer vents were disconnected allowing lint and moisture to collect in the laundry room near resident sleeping room 147 and the laundry room outside the Dementia Care Unit. The surveyor explained to DM-E, that the laundry room dryer vents are required to be connected to direct lint and moisture to the exterior of the building. During the facility tour DM-E, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		

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

Type: Full
Date: *12/17/24*
Time: 11:33:10
Report: 1021241381

Food and Beverage Establishment Inspection Report

Location:
Maple Hill Senior Living Llc
3030 Southlawn Drive
Maplewood, MN55109
Ramsey County, 62

Establishment Info:
ID #: 0038951
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6513633690
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ***** Priority 1 *****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

A CONTAINER OF BUTTER CHIPS WAS FOUND STORED AT ROOM TEMPERATURE IN THE DINING ROOM. THE LABEL INDICATED THAT THE PRODUCT CONTAINS MILK AND IT IS A PERISHABLE ITEM. STAFF WILL KEEP THE BUTTER IN THE COOLER UNTIL A RESIDENT ASKS FOR ONE.

Comply By: 12/18/24

3-700 Contaminated Food: discarded

3-701.11A ***** Priority 1 *****

MN Rule 4626.0445A Discard or recondition food that is unsafe, adulterated or not honestly presented.

ONE CAN OF GRAVY FOUND BADLY DENTED. MANAGER REMOVED CAN OF GRAVY DURING INSPECTION. CORRECTED ON-SITE. MAKE SURE STAFF ARE CHECKING CANS BEFORE OPENING THEM.

Comply By: 12/17/24

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.

TEST KIT ON-SITE TO MEASURE THE CONCENTRATION OF QUATERNARY AMMONIUM (QUAT) IS EXPIRED. PROVIDE A NEW TEST KIT.

Comply By: 12/23/24

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

HANDWASHING SINK IN THE MEMORY CARE KITCHENETTE IS MISSING A HANDWASHING SIGN/POSTER THAT REMINDS FOOD EMPLOYEES TO WASH HANDS BEFORE RETURNING TO WORK. PROVIDE AS DESCRIBED IN RULE ABOVE.

Comply By: 12/19/24

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: SANI BUCKET, KITCHEN
Violation Issued: No

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: THREE COMPARTMENT SINK
Violation Issued: No

Final Utensil Surface Temp: = at 176 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: SANI BUCKET, MEMORY CARE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: CUT MELON - WALK-IN COOLER
Violation Issued: No

Process/Item: Cooling
Temperature: 127 Degrees Fahrenheit - Location: CHILI - WALK-IN COOLER, COOLING FOR 45MINS

Violation Issued: No

Process/Item: Cooling
Temperature: 120 Degrees Fahrenheit - Location: CHICKEN WILD RICE SOUP - WALK-IN COOLER, COOLING FOR 1 HR
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: MILK - WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: HARD BOILED EGGS - WALK-IN COOLER
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Hot Holding
Temperature: 162 Degrees Fahrenheit - Location: CHICKEN WILD RICE SOUP - HOT WELLS
Violation Issued: No

Process/Item: Hot Holding
Temperature: 160 Degrees Fahrenheit - Location: COOKED BROCCOLI - HOT WELLS
Violation Issued: No

Process/Item: Cold Holding
Temperature: 61 Degrees Fahrenheit - Location: BEAN SALAD - ARCTIC AIR TWO DOOR COOLER, COOLING FOR 5 MINS
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: CORNED BEEF - ARCTIC AIR TWO DOOR COOLER

Violation Issued: No

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: CUT SAUSAGE - ARCTIC AIR TWO DOOR COOLER,

Violation Issued: No

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

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH FOOD SERVICE DIRECTOR, KENNY WALLACE AND HEALTH REGULATION DIVISION NURSE EVALUATOR, JOLENE BERTELSEN.

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 1021241381 of 12/17/24.

Certified Food Protection Manager: KENNETH R. WALLACE

Certification Number: FM89582 Expires: 06/15/27

Inspection report reviewed with person in charge and emailed.

Signed: _____
KENNY WALLACE
FOOD SERVICE DIRECTOR

Signed: _____
Melissa Ramos
Environmental Health Specialist
Metro District Office
651-201-4495
Melissa.Ramos@state.mn.us