Electronically Delivered

May 2, 2025

Licensee
Boutwells Landing
5610 Norwich Parkway
Oak Park Heights, MN 55082

RE: Project Number(s) SL21362016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 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 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 - 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.

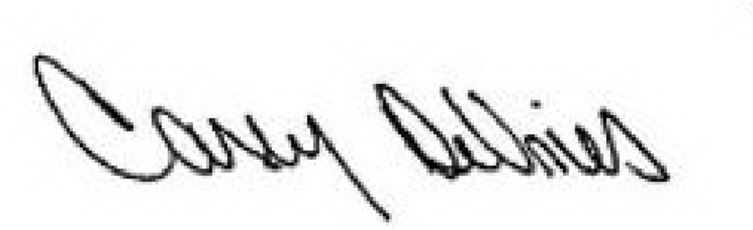
INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with v2.1.3. **Please contact Casey DeVries at 651-201-5917, on or before Wednesday, May 7, 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
	21362	A. BUILDING: _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOUTWELLS LANDING	5610 NORWICH PARKWAY OAK PARK HEIGHTS, MN 55082

(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: SL21362016-0 On March 31, 2025, through April 2, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 87 residents; 86 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.	
0 100 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 5610 Norwich Parkway was licensed as an assisted living with dementia care and contained a beauty salon that was operated by a contracted stylist. The 5610 Norwich Parkway address was connected to 5600 Norwich Parkway, which held a Town Center area with a café, market, chapel, and gathering spaces, and beyond that, an independent living building, all owned and operated by the licensee's parent company. The Town Center area was in-between the two living facilities (licensed assisted living and unlicensed independent living) and was separated from each facility by a glass floor to ceiling wall. In addition, the licensee's 5610 Norwich Parkway assisted living facility with dementia care was also connected to another Minnesota Department of	0 100		

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0 100	Continued From page 3 Health licensed facility at 13575 58th Street North. On March 31, 2025, at 11:20 a.m., during a tour of the facility, licensed assisted living director (LALD)-A stated the glass wall between the addresses 5610 and 5600 Norwich Parkway served as a separation point between the licensed facility and Town Center. Maintenance personnel (M)-E stated they were uncertain how the glass wall was fire-rated for building separation. 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 April 1, 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		
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of	0 650		

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0 650	Continued From page 6 staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for one of three employees (unlicensed personnel (ULP)-F). 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: ULP-F was hired June 18, 2018, and began providing assisted living services on August 1, 2021. ULP-F's employee record lacked documentation of annual performance reviews. On April 2, 2025, at 12:06 p.m., clinical nurse supervisor (CNS)-B stated ULP-F was in the process of transferring to a different licensee	0 650		

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0 650	Continued From page 7 during the time of their annual performance evaluation but had stayed on with the licensee. Due to the planned transfer, ULP-F's annual performance evaluation did not take place. The licensee's undated employee record checklist document indicated personnel files would contain evaluations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
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).	0 775		

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0 775	Continued From page 8 The findings include: On March 31, 2025, the surveyor toured the facility with licensed assisted living director (LALD)-D and maintenance (M)-E. The following was observed. The dementia care area of the facility is equipped with magnetic locks on the exit doors. LALD-D and M-E confirmed that they were not aware of a switch or button that was able to release the magnetic locking devices from a remote location. The egress control locking system shall have the capability of being unlocked by a signal or switch from the fire command center, a nursing station, or other approved location. The signal or switch shall directly break power to the lock. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 775		
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	01290		

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01290	Continued From page 9 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 was submitted and received in affiliation with the assisted living license for three of five employees (unlicensed personnel (ULP)-G, ULP-L, ULP-K). 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: ULP-G ULP-G was hired July 5, 2023, to provide assisted living services. ULP-G's employee record contained a background study clearance dated July 17, 2023, affiliated to licensee's sister facility HFID# 25613. ULP-G's record lacked evidence the licensee submitted a background study under the current assisted living license and affiliated to the current HFID number prior to the start of the survey. On April 1, 2025, from 8:02 a.m. to 8:29 a.m., the surveyor observed ULP-G provide assisted living service to residents residing within the licensee's secured dementia care unit.	01290		

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01290	Continued From page 10 ULP-K ULP-K was hired January 23, 2023, to provide assisted living services. ULP-K's employee record contained a background study clearance dated January 24, 2023, affiliated to licensee's sister facility HFID# 25613. ULP-K's record lacked evidence the licensee submitted a background study under the current assisted living license and affiliated to the current HFID number prior to the start of the survey. The licensee's daily employee schedules from March 23, 2025, to April 4, 2025, indicated ULP-K worked from 6:00 a.m. to 2:00 p.m., on March 23, March 24, March 25, March 26, March 27, March 28, March 29, March 30, March 31, and April 2, 2025. ULP-L was hired June 19, 2023, to provide assisted living services. ULP-L's employee record contained a background study clearance dated June 19, 2023, affiliated to licensee's sister facility HFID# 25613. ULP-L's record lacked evidence the licensee submitted a background study under the current assisted living license and affiliated to the current HFID number prior to the start of the survey. The licensee's daily employee schedules from March 23, 2025, to April 4, 2025, indicated ULP-L worked from 10:00 p.m. to 6:00 a.m., on March 29, March 30, and April 4, 2025. On April 2, 2025, at 12:06 p.m., licensed assisted living director (LALD)-A stated the staff members were internal transfers from an affiliated facility	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21362	A. BUILDING: _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOUTWELLS LANDING	5610 NORWICH PARKWAY OAK PARK HEIGHTS, MN 55082

(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 that was on the same campus. LALD-A stated it was an oversite and the licensee would complete a full audit of all staff to ensure all background studies were up to date. The licensee's undated Background Check Policy indicated any employee who seeks to transfer to or add an alternate job or site within [Licensee] for which a background check Is required by law will be subject to the required criminal background check. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01490 SS=D	144G.63 Subd. 4 Training required relating to dementia All direct care staff and supervisors providing direct services must demonstrate an understanding of the training specified in section 144G.64. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure required dementia care training was completed within 160 working hours for one of three employees (unlicensed personnel (ULP)-G). 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number	01490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21362	A. BUILDING: _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOUTWELLS LANDING	5610 NORWICH PARKWAY OAK PARK HEIGHTS, MN 55082

(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
01490	Continued From page 12 of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-G was hired July 5, 2023, to provide assisted living services. On April 1, 2025, from 8:02 a.m. to 8:29 a.m., the surveyor observed ULP-G provide assisted living service to residents residing within the licensee's secured dementia care unit in an independent and unsupervised capacity. ULP-G's employee record lacked evidence of at least eight hours of initial dementia training within 160 working hours of the employment start date including: - an explanation of Alzheimer's disease and other dementias; - assistance with activities of daily living; - problem solving with challenging behaviors; - communication skills; and - person-centered planning and service delivery. On April 2, 2025, at 1:31 p.m., clinical nurse supervisor (CNS)-B stated that ULP-G's missing dementia care training was assigned on their anniversary date of hire instead of during their orientation since they had worked previously with the licensee as a server. CNS-B stated ULP-G was reassigned the trainings and would complete them today (during the survey). The licensee's Dementia Training Policy dated August 1, 2021, indicated the licensee provides specialized training in the area of Alzheimer's Disease and Related Disorders to its employees that also meet regulatory requirements and timelines. In addition, the policy indicated	01490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21362	A. BUILDING: _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOUTWELLS LANDING	5610 NORWICH PARKWAY OAK PARK HEIGHTS, MN 55082

(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
01490	Continued From page 13 employees who have not completed their initial dementia care training will not provide direct care independently. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01490		

DEPARTMENT OF HEALTH

Type: Full
Date: *04/01/25*
Time: 13:05:42
Report: 1036251068

Food and Beverage Establishment Inspection Report

Location:

Boutwells Landing
5610 Norwich Parkway
Oak Park Heights, MN55082
Washington County, 82

Establishment Info:

ID #: 0037627
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6512755000
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.

5-200B Plumbing: cross connections

5-203.14A ***** Priority 1 *****

MN Rule 4626.1085A Water used under pressure in equipment in food and beverage establishments must be drained to a sanitary sewer through an air gap. Examples: refrigeration cooling water, water softener, and drained steam jacketed kettles.

THE WATER DISCHARGE HOSE FOR THE COMMONS DISH MACHINE IS POSITIONED DIRECTLY INTO THE DRAIN BELOW. PROVIDE A 1" AIR GAP.

Comply By: 05/01/25

6-200 Physical Facility Design and Construction

6-202.11A

MN Rule 4626.1375A Provide effective shielding, coated or shatter-resistant light bulbs for all light fixtures where there is exposed food, clean equipment, utensils and linens, or unwrapped single-service or single-use articles.

OBSERVED A DAMAGED LIGHT SHIELD IN THE MAIN KITCHEN WALK IN FREEZER. REPLACE AND MAINTAIN.

Comply By: 05/01/25

6-300 Physical Facility Numbers and Capacities

6-303.11A

MN Rule 4626.1470A Provide at least 10 foot candles (108 LUX) of light intensity at a distance of 30 inches from the floor in the walk-in refrigeration units, dry food storage areas, and in other areas during periods of cleaning.

LIGHT INTENSITY IN THE MAIN KITCHEN WALK IN FREEZER WAS MEASURED AT 16 LUX. INCREASE LIGHT INTENSITY TO COMPLY WITH ABOVE RULE.

Comply By: 05/01/25

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.

OBSERVED A VERTICAL CRACK ON THE WALL ABOVE THE DOOR IN THE COMMONS AREA KITCHEN. REPAIR AND MAINTAIN.

Comply By: 05/01/25

Surface and Equipment Sanitizers

UTENSIL SURFACE TEMP: = at 164 Degrees Fahrenheit
Location: MAIN KITCHEN DISH MACHIBNE
Violation Issued: No

UTENSIL SURFACE TEMP: = at 168 Degrees Fahrenheit
Location: ARBOR DISH MACHINBE
Violation Issued: No

UTENSIL SURFACE TEMP: = at 162 Degrees Fahrenheit
Location: COMMONS AREA DISH MACHINE
Violation Issued: No

LACTIC ACID & DDBSA: = 272/704 at Degrees Fahrenheit
Location: SANITIZER DISPENSER 3 COMP
Violation Issued: No

LACTIC ACID & DDBSA: = 272/704 at Degrees Fahrenheit
Location: SANITIZER BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Ambient Temp
Temperature: 36 Degrees Fahrenheit - Location: RECEIVING WALK IN COOLER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 37 Degrees Fahrenheit - Location: MAIN KITCHEN WALK IN COOLER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 0 Degrees Fahrenheit - Location: RECEIVING WALK IN FREEZER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 1 Degrees Fahrenheit - Location: MAIN KITCHEN WALK IN FREEZER
Violation Issued: No

Process/Item: Cold Hold/SOUR CREAM
Temperature: 38 Degrees Fahrenheit - Location: MAIN KITCHEN WALK IN COOLER
Violation Issued: No

Process/Item: Cold Hold/SLICE CHZ
Temperature: 36 Degrees Fahrenheit - Location: BEVERAGE AIR DRAWER COOLER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 36 Degrees Fahrenheit - Location: TRAULSEN 4 DR COOLER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 37 Degrees Fahrenheit - Location: COMMONS TRAULSEN 4 DR COOLER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 1 Degrees Fahrenheit - Location: COMMONS TRAULSEN 4 DR FREEZER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 36 Degrees Fahrenheit - Location: ARBOR KITCHEN COOLER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: -5 Degrees Fahrenheit - Location: ARBOR KITCHEN FREEZER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 36 Degrees Fahrenheit - Location: COMMONS BEVERAGE AIR COOLER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: -1 Degrees Fahrenheit - Location: TRAULSEN MAIN KITCHEN REACH IN FREEZER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 36 Degrees Fahrenheit - Location: TRAULSEN MAIN KITCHEN REACH IN COOLER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 37 Degrees Fahrenheit - Location: COMMONS 4 DR TRUE COOLER
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS ZACHARY MORTH. INSPECTION CONDUCTED IN PRESENCE OF MARK, KATE, AND TIMOTHY POHLAND.

TOPICS DISCUSSED:
- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- HAND WASHING POLICY AND REVIEW.
- PROPER FOOD STORAGE.
- GLOVE USAGE.
- THERMOMETER USE AND CALIBRATION.

- SANITIZER USE AND TEST KITS.
- DATE MARKING.
- PEST CONTROL.
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS.

ALL AREAS OF THIS FACILITY ARE FINISHED TO MEET FOOD CODE STANDARDS, EXCEPT THE ARBOR KITCHENETTE IN THE MEMORY CARE. THIS KITCHENETTE HAS A COMMERCIAL DISH MACHINE BUT A RESIDENTIAL COOLER/FREEZER, LAMINATE FLOORING AND COUNTERS, AND A POPCORN CEILING. THE ONLY FOOD PREP CARRIED OUT IN THIS AREA IS PREPARING DRINKS (COFFEE, JUICE, AND MILK), AND MAKING TOAST. ALL MEALS ALL PREPARED IN THE MAIN KITCHEN.

*FOR COMPLY BY DATES. REFER TO COMPLETE REPORT ISSUED BY HRD

**IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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

I acknowledge receipt of the inspection report number 1036251068 of 04/01/25.

Certified Food Protection Manager: TIMOTHY N. POHLAND

Certification Number: CFPM4532 Expires: 05/20/25

Inspection report reviewed with person in charge and emailed.

Signed: _____ Signed: _____

TIMOTHY POHLAND
KITCHEN MANAGER

Jeff Johanson