Electronically Delivered

November 30, 2023

Licensee
Long Lake Assisted Living, LLC
345 North Brown Road
Long Lake, MN  55356

RE: Project Number(s) SL30339015

Dear Licensee:

On November 16, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the August 23, 2023, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Tim Hanna, Interim Supervisor
State Engineering Services Section
Health Regulation Division
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 Fax: 1-866-890-9290 PMB

PMB

*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

September 21, 2023

Licensee
Long Lake Assisted Living, LLC
345 North Brown Road
Long Lake, MN  55356

RE:  Project Number(s) SL30339015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 23, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

**STATE CORRECTION ORDERS**
The enclosed State Form documents the state correction orders. The 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 and enforcement actions 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

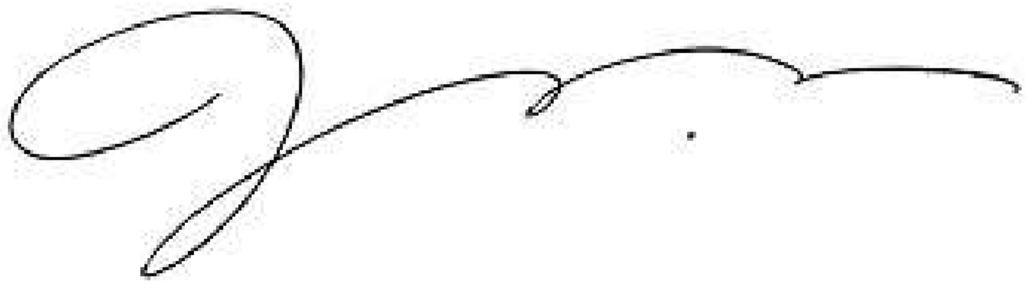
Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schcoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-281-9796

PMB

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30339 | A. BUILDING: _____ B. WING _____ | 08/23/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LONG LAKE ASSISTED LIVING LLC | 345 NORTH BROWN ROAD LONG LAKE, MN 55356 |

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| 0 000 | Initial Comments<br><br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br>SL30339015<br><br>On August 22, 2023, through August 23, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were thirty-seven (37) active residents receiving services under the Assisted Living 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 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3. | |
| 0 660 SS=D | 144G.42 Subd. 9 Tuberculosis prevention and control<br><br>(a) The facility must establish and maintain a | 0 660 | | |

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| 0 660 | Continued From page 1<br><br>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.<br>(b) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>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 included completion of an annual TB risk assessment and a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for one of two employees (unlicensed personnel (ULP)-B).<br><br>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).<br><br>The findings include: | 0 660 | | |

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| 0 660 | Continued From page 2<br><br>The licensee's TB risk assessment dated May 1, 2022, indicated the licensee was a low risk setting for TB transmission. The licensee lacked an updated risk assessment.<br><br>ULP-B had a hire date of September 26, 2022. ULP-B provided direct care to residents of the assisted living. ULP-B's employee record lacked a completed two-step TST or blood test.<br><br>During an interview on August 22, 2023, at 11:30 a.m., registered nurse (RN)-A stated she was not aware ULP-B did not have evidence of a completed two step TST test. RN-A stated all staff are given a two-step TST and was surprised this was not recorded in ULP-B's employee record.<br><br>The Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, noted baseline screening for all health care workers (HCW) included a history and symptom screen, and testing for the presence of TB infection. The regulations noted a blood test should include the date of the test. The guidance also noted a facility risk assessment should be performed annually.<br><br>The licensee's TB Screening and Prevention policy, dated June 2021, indicated staff whose essential job functions require work within the same air space of home care clients will be screened and tested for tuberculosis prior to the staff being exposed to clients. Baseline (upon hire) screening will be completed, but serial (annual) screening will only be required with increased occupational risk or exposure.<br><br>No further information was provided. | 0 660 | | |

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| 0 660 | Continued From page 3<br><br>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<br><br>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>(1) for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;<br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;<br>(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<br>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to provide smoke alarms in each room used for sleeping purposes. This deficient condition had the ability to affect all staff and | 0 780 | | |

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| 0 780 | Continued From page 4<br>residents.<br><br>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).<br><br>Findings include:<br><br>On a facility tour on August 22, 2023, at approximately 2:30 p.m. with Owner (O)-D, it was observed that while sleeping rooms of the older portion of the facility contained smoke alarms, the twelve sleeping rooms (rooms 120-125 and 220-225) of the facility's new addition were missing smoke alarms. The hallways of this two-level structure had a smoke detector alarm system installed and the facility was sprinklered throughout, but these 12 rooms did not have a smoke alarm or other fire alarm system device that provided an audible alarm in the sleeping room. This deficient finding was verified visually by O-D at the time of discovery and through subsequent inspections of the other sleeping rooms.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days. | 0 780 | | |
| 01440 SS=F | 144G.62 Subd. 4 Supervision of staff providing delegated nurs<br><br>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an | 01440 | | |

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| 01440 | Continued From page 5<br><br>appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.<br>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing delegated tasks within 30 days of providing services for one of one unlicensed personnel ((ULP)-B).<br><br>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). | 01440 | | |

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| 01440 | Continued From page 6<br>The findings include:<br><br>During an observation on August 22, 2023, at 12:15 p.m., ULP-B performed medication administration to R1 as prescribed.<br><br>ULP-B had a hire date of September 26, 2022. ULP-B was hired to provide direct care and services to the licensee's residents.<br><br>ULP-B's employee record lacked documentation of an RN supervising ULP-B performing delegated tasks within 30 days of providing delegated services.<br><br>During an interview on August 22, 2023, at 12:35 p.m., ULP-B stated she had received medication administration training from another ULP. ULP-B stated she was not trained by an RN. ULP-B also stated she did not believe she had been supervised by RN-A to ensure she was doing the delegated task correctly.<br><br>During an interview on August 22, 2023, at 1:20 p.m., RN-A stated ULP-B must have misunderstood what was being asked. RN-A stated she conducted delegated task training and competency testing for all newly hired ULPs. RN-A stated she also conducted 30-day supervisory reviews to ensure the ULPs were correctly completing delegated tasks. RN-A was not sure why ULP-B did not have any documentation of an RN supervising ULP-B performing delegated tasks within 30 days of providing delegated services.<br><br>The licensee's Supervision of Unlicensed Staff and Licensed Staff policy dated July 2021, indicated supervision of ULPs by an RN would be direct supervision of the staff performing a | 01440 | | |

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| 01440 | Continued From page 7<br>delegated task(s) within thirty (30) calendar days after the staff member begins working and first performs the delegated resident task.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 01440 | | |
| 01760 SS=F | 144G.71 Subd. 8 Documentation of administration of medication<br><br>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure medication administration was documented accurately for one of three residents (R1) who received medication management.<br><br>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 | 01760 | | |

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| 01760 | Continued From page 8<br><br>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).<br><br>The findings include:<br><br>R1 was admitted October 18, 2022, with a diagnosis of degenerative joint disease.<br><br>R1's medication assessment dated October 18, 2022, indicated R1 was assessed as not being safe to self-administer medications.<br><br>R1's service agreement dated October 18, 2022, indicated R1 received assistance with medication administration and medication storage.<br><br>On August 22, 2023, at 11:45 a.m., the surveyor observed unlicensed personnel (ULP)-B administer medications. ULP-B set up R1's noon medications from bubble packs (foil backed medication organizer) located in a locked medication cart into a medication cup. The surveyor observed ULP-B verify the medications to the medication administration record. ULP-B proceeded to sign the medication administration record (MAR) after dispensing the medications into the medication cup. ULP-B closed the paper MAR, locked the medication cabinet, and proceeded to R1's private room. ULP-B entered R1's room and approached R1 who was sitting in a reclining chair. ULP-B placed the medication cup in R1's hand and handed R1 a glass of water. R1 consumed the medications and ULP-B disposed of the glass and medication cup. ULP-B then exited R1's room. ULP-B returned to the medication cart and proceed to open the paper MAR to the next resident that required | 01760 | | |

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| 01760 | Continued From page 9<br><br>medications administration. ULP-B stated she was trained to document her initials in the paper MAR after dispensing into a paper cup. ULP-B stated this indicated she had dispensed medications into a medication cup. ULP-B stated if a resident did not take the medication, she would circle her initials which indicated the resident refused the medication(s).<br><br>During an interview on August 22, 2023, at 12:35 p.m., ULP-B stated she had received medication administration training from another ULP. ULP-B stated she was not trained by an RN. ULP-B stated she did not believe she had been supervised by RN-A to ensure she was doing the delegated task correctly.<br><br>On August 22, 2023, at 1:15 p.m., registered nurse (RN)-A stated ULPs were trained to place their initials after dispensing medications into a medication cup. RN-A stated ULPs were trained to do this to ensure there were no medications missed. RN-A stated if a resident were to refuse a medication, the ULPs were trained to circle their initials indicating the resident refused the medication.<br><br>The licensee's Medication and Treatment Record Policy dated July 2021, indicated documentation of medication/treatment/therapy reminders, medication/treatment/therapy assistance or medication/treatment/therapy administration will be completed by the person who performed the task immediately after the medication assistance/administration is completed.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01760 | | |

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|---|---|---|---|---|
| 01910 SS=F | 144G.71 Subd. 22 Disposition of medications<br><br>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.<br>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.<br>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition for two of two discharged residents (R4, R5).<br><br>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 | 01910 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30339 | A. BUILDING: _____ B. WING _____ | 08/23/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LONG LAKE ASSISTED LIVING LLC | 345 NORTH BROWN ROAD LONG LAKE, MN 55356 |

| (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 |
|---|---|---|---|---|
| 01910 | Continued From page 11<br><br>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).<br><br>The findings include:<br><br>R4's Service Plan dated June 15, 2022, indicated R4 received services which included assistance with meals, personal laundry, house making, and medication management.<br><br>R4 was discharged from the licensee on May 31, 2023.<br><br>R4's medical record lacked a medication disposition record at the time of discharge.<br><br>R5's Service Plan dated May 1, 2022, indicated R5 received services which included assistance with meals, personal laundry, house making, and medication management.<br><br>R5 was discharged from the licensee on May 11, 2023.<br><br>R5's medical record lacked a medication disposition record at the time of discharge.<br><br>On August 22, 2023, at approximately 2:15 p.m., registered nurse (RN)-A stated she was not aware there had not been a drug disposition record completed for R4 or R5. RN-A stated it was the practice of the licensee to complete this process at the time of discharge.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one | 01910 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30339 | A. BUILDING: _____ B. WING _____ | 08/23/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| LONG LAKE ASSISTED LIVING LLC | 345 NORTH BROWN ROAD LONG LAKE, MN 55356 |

| (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 |
|---|---|---|---|---|
| 01910 | Continued From page 12<br>(21) days | 01910 | | |

Minnesota Department of Health

625 North Robert Street
Saint Paul, MN
651-201-5000

Type: Full
Date: *08/22/23*
Time: 09:00:00
Report: 8087231196

# Food and Beverage Establishment Inspection Report



**Location:**
Long Lake Assisted Living Llc
345 North Brown Road
Long Lake, MN55356
Hennepin County, 27

**Establishment Info:**
ID #: 0038392
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 9524732527
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.

No NEW orders were issued during this inspection.

## Food and Equipment Temperatures

Process/Item: Ambient Air
Temperature: -4 Degrees Fahrenheit - Location: WALK-IN FREEZER
Violation Issued: No

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Process/Item: Ambient Air
Temperature: 37 Degrees Fahrenheit - Location: STAND-UP COOLER - LEFT
Violation Issued: No

---

Process/Item: Cold Holding: CUT TOMATO
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP COOLER - LEFT
Violation Issued: No

---

Process/Item: Cold Holding: CHEESE
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP COOLER - LEFT
Violation Issued: No

---

Process/Item: Cold Holding: YOGURT
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP COOLER - LEFT
Violation Issued: No

---

Process/Item: Ambient Air
Temperature: 41 Degrees Fahrenheit - Location: STAND-UP COOLER - RIGHT
Violation Issued: No

---

Process/Item: Cold Holding: PASTA SALAD
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP COOLER - RIGHT
Violation Issued: No

---

Process/Item: Cold Holding: DELI MEAT
Temperature: 33 Degrees Fahrenheit - Location: STAND-UP COOLER - RIGHT
Violation Issued: No

Type: Full
Date: *08/22/23*
Time: 09:00:00
Report: 8087231196
Long Lake Assisted Living Llc

# Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding: CHICKEN
Temperature: 33 Degrees Fahrenheit - Location: STAND-UP COOLER - RIGHT
Violation Issued: No

---

Process/Item: Cold Holding: SOUR CREAM
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP COOLER - RIGHT
Violation Issued: No

---

Process/Item: Ambient Air
Temperature: 40 Degrees Fahrenheit - Location: STAND UP COOLER - MILK
Violation Issued: No

---

Process/Item: Cold Holding: MILK
Temperature: 41 Degrees Fahrenheit - Location: STAND UP COOLER - MILK
Violation Issued: No

---

Process/Item: Cold Holding: MILK
Temperature: 41 Degrees Fahrenheit - Location: STAND UP COOLER - MILK
Violation Issued: No

---

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

THIS WAS AN UNANNOUNCED AND UNSCHEDULED FULL INSPECTION.

INSPECTION DONE WITH KITCHEN MANAGER LUIS A. CISNEROS-CAMPOS.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING
NOROVIRUS
BARE HAND CONTACT WITH READY TO EAT FOODS
EMPLOYEE ILLNESS
EMPLOYEE EXCLUSION
COOLING METHODS
REHEATING METHODS
SANITIZER CONCENTRATION
DATE MARKING
ALL ITEMS ON THIS REPORT
ALL ITEMS ON PREVIOUS REPORT

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO ESTABLISHMENT.

Type: Full
Date: *08/22/23*
Time: 09:00:00
Report: 8087231196
Long Lake Assisted Living Llc

# 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 8087231196 of 08/22/23.

Certified Food Protection Manager: LUIS A. CISNEROS-CAMPOS

Certification Number: FM115871 Expires: 09/12/25

**Inspection report reviewed with person in charge and emailed.**

Signed: _____
LUIS A. CISNEROS-CAMPOS
KITCHEN MANAGER

Signed: _____
John Boettcher
Public Health Sanitarian 3
St. Paul, MN / Freeman
651-201-5076
john.boettcher@state.mn.us