Electronically Delivered

February 24, 2025

Licensee
Ecumen Sand Prairie
700 Knight Street
Saint Peter, MN  56082

RE:  Project Number(s) SL30768016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 15, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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 |
|---|---|---|---|
| | 30768 | A. BUILDING: _____ B. WING _____ | 01/15/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ECUMEN SAND PRAIRIE | 700 KNIGHT STREET SAINT PETER, MN 56082 |

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| 0 000 | Initial Comments<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><br>SL30768016-0<br><br>On January 13, 2025, through January 15, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 36 residents; 30 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.<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 SUBDIVISION 1-3. | |

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| 0 480 | Continued From page 1 | 0 480 | | |
| 0 480 SS=F | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services<br><br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(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;<br>(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;<br>(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;<br>(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; | 0 480 | | |

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| 0 480 | Continued From page 2<br><br>(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;<br>(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<br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<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 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).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated January 13, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 | 0 480 | | |

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| 0 480 | Continued From page 3<br>hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 0 730 SS=D | 144G.43 Subd. 3 Contents of resident record<br><br>Contents of a resident record include the following for each resident:<br>(1) identifying information, including the resident's name, date of birth, address, and telephone number;<br>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;<br>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;<br>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;<br>(5) the resident's advance directives, if any;<br>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;<br>(7) the facility's current and previous assessments and service plans;<br>(8) all records of communications pertinent to the resident's services;<br>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the | 0 730 | | |

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| 0 730 | Continued From page 4<br><br>appropriate supervisor or health care professional;<br>(11) documentation that services have been provided as identified in the service plan;<br>(12) documentation that the resident has received and reviewed the assisted living bill of rights;<br>(13) documentation of complaints received and any resolution;<br>(14) a discharge summary, including service termination notice and related documentation, when applicable; and<br>(15) other documentation required under this chapter and relevant to the resident's services or status.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the resident record included a discharge summary with the required content for one of one discharged resident (R3).<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:<br><br>R3's record lacked a discharge summary to include:<br>- diagnoses;<br>- course of illness;<br>- allergies;<br>- treatments and therapies; | 0 730 | | |

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| 0 730 | Continued From page 5<br><br>- pertinent lab, radiology, and consultation results; and<br>- a final summary of the resident's status from the latest assessment or review including baseline and current mental, behavioral, and functional status.<br><br>R4 was admitted to the licensee on November 15, 2021, with diagnoses including type II diabetes with diabetic polyneuropathy (a condition where someone with type 2 diabetes is experiencing nerve damage, specifically "polyneuropathy," which means damage to multiple nerves throughout the body, caused by the complications of their diabetes, often due to poorly controlled blood sugar levels over time; this can lead to symptoms like numbness, tingling, burning pain, and sometimes even loss of sensation in the hands and feet), atrial fibrillation, and chronic kidney disease.<br><br>R3's record/progress notes indicated the resident had been discharged to a skilled nursing facility.<br><br>On January 14, 2025, at 1:02 p.m., clinical nurse supervisor (CNS)-C stated R3's record did not include a discharge summary with the required content.<br><br>The licensee's Discharge Summary policy dated August 1, 2021, indicated:<br>1. A discharge summary will be written by the time of discharge.<br>2. The organization will provide resident a written discharge summary at the time of discharge.<br>3. If the resident consents, the organization will provide the resident's representative and case manager a written discharge summary at the time of discharge.<br>4. The discharge summary will include, if | 0 730 | | |

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| 0 730 | Continued From page 6<br><br>applicable,<br>a. Summary of the resident's stay, including<br>i. Diagnosis<br>ii. Courses of illnesses<br>iii. Allergies<br>iv. Treatments<br>v. Therapies<br>vi. Pertinent lab results<br>vii. Pertinent radiology results<br>viii. Pertinent consultation results<br>ix. Final summary of the resident's status. The summary will be based upon the latest assessment or review and, if applicable, will include resident status including baseline and current mental, behavioral, and functional status.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTIONS:<br>Twenty-one (21) days | 0 730 | | |
| 0 780 SS=F | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment<br><br>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 | 0 780 | | |

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| 0 780 | Continued From page 7<br><br>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 comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all residents, staff, and visitors.<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).<br><br>The findings include:<br><br>During facility tour on January 14, 2025, from 9:14 a.m. through 10:14 a.m., with assistant executive director (AED)-A, director of maintenance (DM)-E, maintenance technician (MT)-G and student intern administration (SIA)-F, the surveyor observed 20-minute fire rated doors that did not self-close and latch in the first floor and second floor laundry rooms. Fire-resistant rated doors must automatically close and latch to prevent the spread of smoke and fire to adjoining building areas. DM-E and MT-G stated they would adjust the spring hinges on the doors. | 0 780 | | |

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| 0 780 | Continued From page 8<br><br>During same tour the surveyor observed that the vent was disconnected from the back of the dryer in the first-floor laundry room. Dryer vents must be properly connected, maintained, and kept clear of obstruction to discharge heat and lint to the exterior and not create a fire hazard. MT-G stated they would reconnect the vent.<br><br>During same tour the surveyor observed smoke alarms in resident units 210, 211, 214, 115 and 101 were not interconnected so that activation of one alarm activates all alarms within the resident unit. During the tour MT-G tested the alarms and verified they were not interconnected. MT-G stated that they have started replacing alarms in resident units when they are vacant and that the alarms in these units were the older alarms that were installed when the building was constructed. MT-G confirmed that these alarms were more than ten years old.<br><br>All resident units required to have multiple smoke alarms are required to have interconnected alarms so activation of one alarm activates all alarms within the dwelling unit. Smoke alarms must be replaced when they fail to operate or when they exceed ten years from the date of manufacture. MT-G, DM-E and AED-A stated that they understood the requirement and that they had new alarms they would start installing in all resident units that had the old alarms.<br><br>AED-A, DM-E and MT-G verified the above findings while accompanying on the tour and stated they understood the requirements.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days. | 0 780 | | |

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| 01730 | Continued From page 9 | 01730 | | |
| 01730 SS=D | 144G.71 Subd. 5 Individualized medication management plan<br><br>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:<br>(1) a statement describing the medication management services that will be provided;<br>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;<br>(3) documentation of specific resident instructions relating to the administration of medications;<br>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;<br>(5) identification of medication management tasks that may be delegated to unlicensed personnel;<br>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.<br>(b) The medication management record must be current and updated when there are any changes. | 01730 | | |

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| 01730 | Continued From page 10<br><br>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to develop an individualized medication management record with the required content for one of two residents (R1).<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:<br><br>During the entrance conference on January 13, 2025, at 10:40 a.m., clinical nurse supervisor (CNS)-C stated the licensee provided medication management services to the licensee's residents.<br><br>R1's diagnoses included mild intellectual disabilities, Parkinson's disease, hypertension (high blood pressure), hypothyroidism (low thyroid), gastroesophageal reflux disorder (GERD-heartburn), epilepsy (seizure disorder), depression, anxiety, hyperlipidemia (high cholesterol), and neuromuscular dysfunction of the bladder.<br><br>R1's Service Plan signed January 3, 2025, indicated R1 received services including | 01730 | | |

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| 01730 | Continued From page 11<br>medication administration.<br><br>R1's physician orders signed November 19, 2024, included one medication for Parkinson's disease, one for anxiety, two for depression, two for GERD, one diuretic (water pill), one for seizures, one for hypothyroidism, two for high blood pressure, one for overactive bladder, one potassium supplement, one for high cholesterol, one stool softener, and two vitamin supplements.<br><br>R1's individual medication management plan lacked:<br>-a statement describing the medication management services that will be provided;<br>-a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;<br>-identification of medication management tasks that may be delegated to unlicensed personnel;<br>-procedures for staff notifying a RN or appropriate licensed health professional when a problem arises with medication management services; and<br>-any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.<br><br>On January 14, 2025, at 1:15 p.m., clinical nurse supervisor (CNS)-C and registered nurse (RN)-D reviewed R1's assessments and service plan and stated they did not include a medication management plan with all required content. CNS-C further stated the individualized medication management plan was typically included with the resident service plan. | 01730 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30768 | A. BUILDING: _____ B. WING _____ | 01/15/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ECUMEN SAND PRAIRIE | 700 KNIGHT STREET SAINT PETER, MN 56082 |

| (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 |
|---|---|---|---|---|
| 01730 | Continued From page 12<br><br>The licensee's Individualized Medication, Treatment, and Therapy Management Plans policy dated August 1, 2021, indicated:<br>1. Medication Management Plans: RN will develop a medication management plan for each resident receiving medication management services. The medication management plan will incude:<br>a. Statement of the medication management services provided to the resident.<br>b. Description of medication storage based upon the resident's needs, preferences, risk of diversion, and in keeping with the manufacturer's instructions.<br>c. Documentation of specific resident instructions relating to the administration of medications<br>d. Identification of persons responsible for monitoring and ensuring timely refills of medications.<br>e. Identification of medication management tasks that may be delegated to an unlicensed person.<br>f. Procedure for notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services.<br>g. Resident specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medications used to prevent possible complications or adverse reactions.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01730 | | |

DEPARTMENT OF HEALTH

Type: Full
Date: *01/13/25*
Time: 23:30:00
Report: 1033251015

# Food and Beverage Establishment Inspection Report



**Location:**
Ecumen Sand Prairie
700 Knight Street
St Peter, MN56082
Nicollet County, 52

**Establishment Info:**
ID #: 0038538
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 5079314375
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.

European margarine blend is stored at room temperature on the counter.
*Comply By: 01/13/25*

**4-500 Equipment Maintenance and Operation**

***4-502.11B*** ***** Priority 2 *****

MN Rule 4626.0820B Calibrate food temperature measuring devices in accordance with manufacturer's specifications as often as necessary to ensure accuracy.

Food temperature measuring device is 20+ degrees F off.
*Comply By: 01/13/25*

**4-600 Cleaning Equipment and Utensils**

***4-601.11A*** ***** Priority 2 *****

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

Mixer has visible food debris inside.
*Comply By: 01/13/25*

**7-100 Toxic Labeling**

***7-102.11*** ***** Priority 2 *****

MN Rule 4626.1595 Clearly label all working containers used for storing poisonous or toxic materials from bulk supplies such as sanitizers and cleaners, with the common name of the product.

Sanitizer spray bottles is missing labels.

*Comply By: 01/13/25*

**3-300C Protection from Contamination: equipment/utensils, consumers**

***3-304.14B***

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

Soiled rags are stored on top of spray bottles.

*Comply By: 01/13/25*

**4-200 Equipment Design and Construction**

***4-201.11AMN***

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

Facility is using a household fryer.

*Comply By: 01/13/25*

**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.

Cutting board is in poor condition.

*Comply By: 01/13/25*

**6-500 Physical Facility Maintenance/Operation and Pest Control**

***6-501.11***

MN Rule 4626.1515 Maintain the physical facilities in good repair.

Floor tiles near exterior door are damaged.

*Comply By: 02/03/25*

**Surface and Equipment Sanitizers**

Quaternary Ammonium: = 400PPM at  Degrees Fahrenheit
Location: Spray Bottle
Violation Issued: No

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Quaternary Ammonium: = 400PPM at  Degrees Fahrenheit
Location: Red Bucket
Violation Issued: No

---

Hot Water: =  at 160 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

---

**Food and Equipment Temperatures**

Process/Item: Cold Holding
Temperature: 72 Degrees Fahrenheit  - Location: European Margarine-Counter
Violation Issued: Yes

---

Process/Item: Cold Holding
Temperature: 0> Degrees Fahrenheit  - Location: Freezer
Violation Issued: No

---

Process/Item: Cold Holding
Temperature: 0> Degrees Fahrenheit  - Location: Two Door Freezer
Violation Issued: No

---

Process/Item: Cold Holding
Temperature: 34 Degrees Fahrenheit  - Location: Left Cooler
Violation Issued: No

---

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit  - Location: Right Cooler
Violation Issued: No

---

Process/Item: Hot Holding
Temperature: 194 Degrees Fahrenheit  - Location: Green Beans-Steam Table
Violation Issued: No

---

Process/Item: Hot Holding
Temperature: 210 Degrees Fahrenheit  - Location: Chicken-Steam Table
Violation Issued: No

---

Process/Item: Hot Holding
Temperature: 195 Degrees Fahrenheit  - Location: Rice-Steam Table
Violation Issued: No

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| Total Orders In This Report | Priority 1 | Priority 2 | Priority 3 |
|---|---|---|---|
| | 1 | 3 | 4 |

Type: Full
Date: *01/13/25*
Time: 23:30:00
Report: 1033251015
Ecumen Sand Prairie

# 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 inspection report number 1033251015 of 01/13/25.

Certified Food Protection Manager: Matthew John Wolfe

Certification Number: FM54090 Expires: 08/22/27

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

Signed: _____
Matthew John Wolfe

Signed: _____
Isaiah Armendariz
Environmental Health Specialist
Mankato District Office
507-344-2743
isaiah.armendariz@state.mn.us

Report #: 1033251015

# Food Establishment Inspection Report

DEPARTMENT OF HEALTH

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

Date 01/13/25
Time In 23:30:00
Time Out

| | Address | City/State | Zip Code | Telephone |
|---|---|---|---|---|
| Ecumen Sand Prairie | 700 Knight Street | St Peter, MN | 56082 | 5079314375 |

| License/Permit # | Permit Holder | Purpose of Inspection | Est Type | Risk Category |
|---|---|---|---|---|
| 0038538 | | 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 |
|---|---|---|---|---|---|---|---|
| **Surpervision** | | | | | | | |
| 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 | X | Thermometers provided & accurate | | |
| **Food Identification** | | | | |
| 37 | | Food properly labled; original container | | |
| **Prevention of Food Contamination** | | | | |
| 38 | | Insects, rodents, & animals not present | | |
| 39 | | Contamination prevented during food prep, storage & display | | |
| 40 | | Personal cleanliness | | |
| 41 | X | 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 | | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | | Non-food contact surfaces clean | | |
| **Physical Facilities** | | | | |
| 50 | | Hot & cold water available; adequate pressure | | |
| 51 | | 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 | X | 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:** 01/13/25

Inspector (Signature)