



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

Electronically Delivered

June 11, 2024

Licensee

Asst Lvg In Heritage Hall  
11501 Masonic Home Drive  
Bloomington, MN 55437

RE: Project Number(s) SL30419015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 3, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

#### **INFORMAL CONFERENCE**

In accordance with 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 Asst Lvg In Heritage Hall. Please contact Casey DeVries at 651-201-5917 on or before Friday, June 14, 2024 to schedule the conference call.

#### **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](mailto: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](mailto:casey.devries@state.mn.us)

Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30419</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/03/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASST LVG IN HERITAGE HALL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11501 MASONIC HOME DRIVE BLOOMINGTON, MN 55437</b>
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(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	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p><b>INITIAL COMMENTS:</b></p> <p><b>SL30419015-0</b></p> <p>On April 29, 2024, through May 3, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 37 residents; 28 receiving services under the provider's Assisted Living Facility license.</p>	0 000	<p>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.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
0 100 SS=F	<p><b>144G.10 Subdivision 1 License required</b></p> <p><b>(a)(1)Beginning August 1, 2021, no assisted living</b></p>	0 100		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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0 100	<p>Continued From page 1</p> <p>facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(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.</p> <p>(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).</p> <p>(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.</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:</p> <p>(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</p> <p>(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.</p>	0 100		

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0 100	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to obtain accurate licensure when they applied for licensure for the Assisted Living Facility license despite sharing one roof with a rented space to a separate entity, without having an approved two-hour fire wall.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee's health facility identification (HFID) 30419, a building located at 11501 Masonic Home Drive, Bloomington, Minnesota (MN) 55437, had one other occupancy under the same roof in the same building.</p> <p>On May 2, 2024, at 10:30 a.m., survey engineering staff toured the facility with licensed assisted living director (LALD)-A, clinical nursing supervisor (CNS)-C, maintenance supervisor (MS)-H, and assistant admin (AA)-I. During the facility tour, survey staff observed the following items: -survey engineering staff observed that the facility shared the building with the Grand Lodge of Minnesota. The Grand Lodge of Minnesota's office suite was located on the first floor by the</p>	0 100		

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0 100	<p>Continued From page 3</p> <p>main entrance, and they shared the egress access with the facility.</p> <p>During an interview on May 2, 2024, at 10:30 a.m., LALD-A stated the facility rented the office space to the Grand Lodge of Minnesota, and the Grand Lodge of Minnesota was not part of their organization.</p> <p>During the facility tour, survey engineering staff observed that the 60-minute rated fire door (labeled) was installed between the licensed and rented spaces but did not have the required 2-hour separation per statute.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 100		
0 800 SS=E	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: The licensee failed to maintain the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents and staff.</p>	0 800		

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0 800	<p>Continued From page 4</p> <p>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>On May 2, 2024, at 10:30 a.m., survey staff toured the facility with the licensed assisted living director (LALD)-A, clinical nursing supervisor (CNS)-C, maintenance supervisor (MS)-H, and assistant admin (AA)-I. During the facility tour, survey staff observed the following items:</p> <p>In resident unit 208 and the tub room on the second floor, it was observed that fire rated door did not close and self-latch when tested. In resident unit 323 on the third floor, it was observed that the fire rated door did not close and self-latch when tested. The door is required to automatically close and latch to maintain the fire barrier of the room.</p> <p>In the sprinkler room on the third floor, it was observed that the plaster walls were peeled and bubbled from water intrusion above.</p> <p>During the tour, MS-H stated the walls were damaged from water intrusion from above and verified deficient findings about the door latching in the resident unit doors.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		

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0 810 SS=F	<p><b>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</b></p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> <li>(1) location and number of resident sleeping rooms;</li> <li>(2) employee actions to be taken in the event of a fire or similar emergency;</li> <li>(3) fire protection procedures necessary for residents; and</li> <li>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</li> </ul> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on the interview and record review, the</p>	0 810		

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0 810	<p>Continued From page 6</p> <p>licensee failed to develop the fire safety and evacuation plan with the required content, failed to provide the required training, and failed to provide the required drills. This had the potential to directly affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On May 2, 2024, at 10:30 a.m., licensed assisted living director (LALD)-A, clinical nursing supervisor (CNS)-C, maintenance supervisor (MS)-H, and assistant admin (AA)-I provided documentation on the fire safety and evacuation plan (FSEP), fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility.</p> <p>During the facility tour, it was observed that the posted fire safety and evacuation plan on the second and third floors did not show the location and number of resident rooms. The posted plan showed a perimeter circulation layout but did not identify room names and numbers on the evacuation plan.</p> <p>During interview on May 2, 2024, at 10:30 a.m., LALD-A stated she was not aware of any provisions in the fire safety and evacuation plan for this requirement and verified the facility needed to update the fire safety and evacuation</p>	0 810		

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0 810	Continued From page 7  plan with location and number of resident rooms.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 950 SS=C	<p>144G.50 Subd. 3 Designation of representative</p> <p>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:</p> <p><b>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</b></p> <p>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced</p>	0 950		

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0 950	<p>Continued From page 8</p> <p>by: Based on interview and record review, the licensee failed to offer the resident the opportunity to identify a designated representative in writing with the required statutory language for three of three residents (R1, R3, R4).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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).</p> <p>The findings include:</p> <p><b>R1</b> R1 admitted to the licensee on February 1, 2020, under the licensee's former comprehensive license and began receiving assisted living services on August 1, 2021.</p> <p><b>R3</b> R3 admitted to the licensee on January 5, 2021, under the licensee's former comprehensive license and began receiving assisted living services on August 1, 2021.</p> <p><b>R4</b> R4 admitted to the licensee on June 6, 2021, under the licensee's former comprehensive license and began receiving assisted living services on August 1, 2021.</p> <p>R1, R3, and R4's Assisted Living Contract lacked the correct verbatim language for the designating representative.</p>	0 950		

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0 950	<p>Continued From page 9</p> <p>On April 29, 2024, at 12:17 p.m., licensed assisted living director (LALD)-A produced a document titled Assisted Living Contract and stated this was the contract all resident's sign. LALD-A stated the language included was written by the [licensee] attorney and believed it to be correct verbatim language.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 950		
01890 SS=E	<p><b>144G.71 Subd. 20 Prescription drugs</b></p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure expired medications were disposed of for two of two residents (R7 and R8) and one licensee stock medication.</p> <p>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the</p>	01890		

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01890	<p>Continued From page 10</p> <p>situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>On April 29, 2024, at 11:00 a.m., the surveyor observed the licensee's medications storage cabinet and medication refrigerator and observed the following expired medications: -R7's cefuroxime axetil 500mg expired December 2022 -R8's latanoprost 0.005% use before December 29, 2023; and -Licensee's hydrogen peroxide topical solution expired February 2021</p> <p>On April 29, 2024, at 11:19 a.m., clinical nurse supervisor (CNS)-C stated expired medications should go in the destroy bin. CNS-C stated they were not aware of expired medications in the medication cabinet.</p> <p>The licensee's Medication Administration - Prevention of Use of Out Dated (sic) or Expired Medications policy dated September 29, 2023, indicated the registered nurse (RN) setting up medications will monitor expiration dates to prevent administration of medication beyond the expiration date.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		

Type: Full  
Date: 04/29/24  
Time: 16:04:15  
Report: 8058241104

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Asst Lvg In Heritage Hall  
11501 Masonic Home Drive  
Bloomington, MN55437  
Hennepin County, 27

**Establishment Info:**

ID #: 0038834  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 9529487000  
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.

### Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 PPM at --- Degrees Fahrenheit  
Location: DISPENSER  
Violation Issued: No

Hot Water: = --- at 188 Degrees Fahrenheit  
Location: DISH MACHINE MANIFOLD  
Violation Issued: No

### Food and Equipment Temperatures

Process/Item: LETTUCE  
Temperature: 40 Degrees Fahrenheit - Location: COOLER  
Violation Issued: No

Process/Item: MILK  
Temperature: 41 Degrees Fahrenheit - Location: COOLER  
Violation Issued: No

Process/Item: CUCUMBER  
Temperature: 41 Degrees Fahrenheit - Location: COOLER  
Violation Issued: No

Process/Item: SOUP  
Temperature: 155 Degrees Fahrenheit - Location: HOT WELL  
Violation Issued: No

Process/Item: POT PIE  
Temperature: 137 Degrees Fahrenheit - Location: HOT CABINET  
Violation Issued: No

Type: Full  
 Date: 04/29/24  
 Time: 16:04:15  
 Report: 8058241104  
 Asst Lvg In Heritage Hall

# Food and Beverage Establishment Inspection Report

Process/Item: RAW PORK  
 Temperature: 40 Degrees Fahrenheit - Location: WALK IN  
 Violation Issued: No

Process/Item: YOGURT  
 Temperature: 41 Degrees Fahrenheit - Location: WALK IN  
 Violation Issued: No

Process/Item: SQUASH  
 Temperature: 37 Degrees Fahrenheit - Location: WALK IN  
 Violation Issued: No

Process/Item: CHEESE  
 Temperature: 40 Degrees Fahrenheit - Location: WALK IN  
 Violation Issued: No

Process/Item: TUNA SALAD  
 Temperature: 47 Degrees Fahrenheit - Location: COOLING 3 HRS  
 Violation Issued: No

Process/Item: MELLON  
 Temperature: 37 Degrees Fahrenheit - Location: COOLER  
 Violation Issued: No

Process/Item: TOMATO  
 Temperature: 41 Degrees Fahrenheit - Location: COOLER  
 Violation Issued: No

Process/Item: GOULASH  
 Temperature: 37 Degrees Fahrenheit - Location: WALK IN  
 Violation Issued: No

Process/Item: CHICKEN RICE SOUP  
 Temperature: 38 Degrees Fahrenheit - Location: WALK IN  
 Violation Issued: No

Process/Item: R. BEEF  
 Temperature: 38 Degrees Fahrenheit - Location: WALK IN  
 Violation Issued: No

Process/Item: CHICKEN  
 Temperature: 35 Degrees Fahrenheit - Location: WALK IN  
 Violation Issued: No

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

HRD INSPECTOR KEITH LANGLEY  
 ESTABLISHMENT REP KARN HITCHINGS

COMMERCIAL KITCHEN AND FACILITY, CENTRAL KITCHEN SERVES BOTH ASSISTED LIVING  
 AND NURSING HOME WINGS

Type: Full  
Date: 04/29/24  
Time: 16:04:15  
Report: 8058241104  
Asst Lvg In Heritage Hall

# 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 8058241104 of 04/29/24.

Certified Food Protection Manager K HITCHINGS

Certification Number: 85328 Expires: 08/09/25

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

Signed: \_\_\_\_\_

K HITCHINGS  
SUPERVISOR

Signed:  \_\_\_\_\_

Aaron Gertz  
Sanitarian 3  
MDH Metro Office  
651 201 4500  
health.foodlodging@state.mn.us