

Electronically Delivered

September 4, 2024

Licensee
Solbakken Inc
16200 37th Avenue North
Plymouth, MN 55446

RE: Project Number(s) SL36006015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 2, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted no 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.

The enclosed State Form documents no violations. MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

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/Bm5uQEpHVva>. 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,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOLBAKKEN INC	STREET ADDRESS, CITY, STATE, ZIP CODE 16200 37TH AVENUE NORTH PLYMOUTH, MN 55446
--	--

(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>Initial Comments</p> <p>SL36006015-0</p> <p>On July 29, 2024, through August 2, 2024, the Minnesota Department of Health conducted a survey at the above provider. At the time of the survey, there were 6 residents receiving services under the Assisted Living license. As a result of the survey, the licensee was found to be in compliance with the assisted living statutes 144G.08 through 144G.95.</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>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	

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



Type: Full
Date: 07/30/24
Time: 11:00:00
Report: 8087241154

Food and Beverage Establishment Inspection Report

Location:

Solbakken Inc
16200 37th Avenue North
Plymouth, MN55446
Hennepin County, 27

Establishment Info:

ID #: 0038384
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7632925915
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: 40 Degrees Fahrenheit - Location: KENMORE REFRIGERATOR

Violation Issued: No

Process/Item: Cold Holding: MILK

Temperature: 40 Degrees Fahrenheit - Location: KENMORE REFRIGERATOR

Violation Issued: No

Process/Item: Cold Holding: MAYO

Temperature: 39 Degrees Fahrenheit - Location: KENMORE REFRIGERATOR

Violation Issued: No

Process/Item: Ambient Air

Temperature: 12 Degrees Fahrenheit - Location: KENMORE FREEZER

Violation Issued: No

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

THIS WAS AN ANNOUNCED AND SCHEDULED FULL INSPECTION.

INSPECTION CONDUCTED IN THE PRESENCE OF NURSE EVALUATOR II ELYSE JONES.

FLOORS ARE TILE, CABINETS ARE HARDWOOD AND CEILING APPEARS TO BE DURABLE, SMOOTH IN TEXTURE AND EASILY CLEANABLE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

KITCHENAID BRAND DISHWASHER IS RESIDENTIAL BUT HAS SANITIZING RINSE CYCLE

Type: Full
Date: 07/30/24
Time: 11:00:00
Report: 8087241154
Solbakken Inc

Food and Beverage Establishment Inspection Report

OPTION.

HOT WATER TEMPERATURE AT THE KITCHEN SINK REACHED 120 DEGREES.

FACILITY HAS A DESIGNATED HAND WASHING SINK IN THE KITCHEN.

INSPECTION REPORT EMAILED TO ELYSE JONES.

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 8087241154 of 07/30/24.

Certified Food Protection Manager: ADDISON C. THAO

Certification Number: FM123357 Expires: 05/15/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

DARLA THAO
OWNER/DIRECTOR

Signed:  _____

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