



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

Electronically Delivered

April 26, 2024

Licensee  
Garden House Estates, LTD  
1 Riverside Drive  
Duluth, MN 55808

RE: Project Number(s) SL30814016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 12, 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.

### **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:

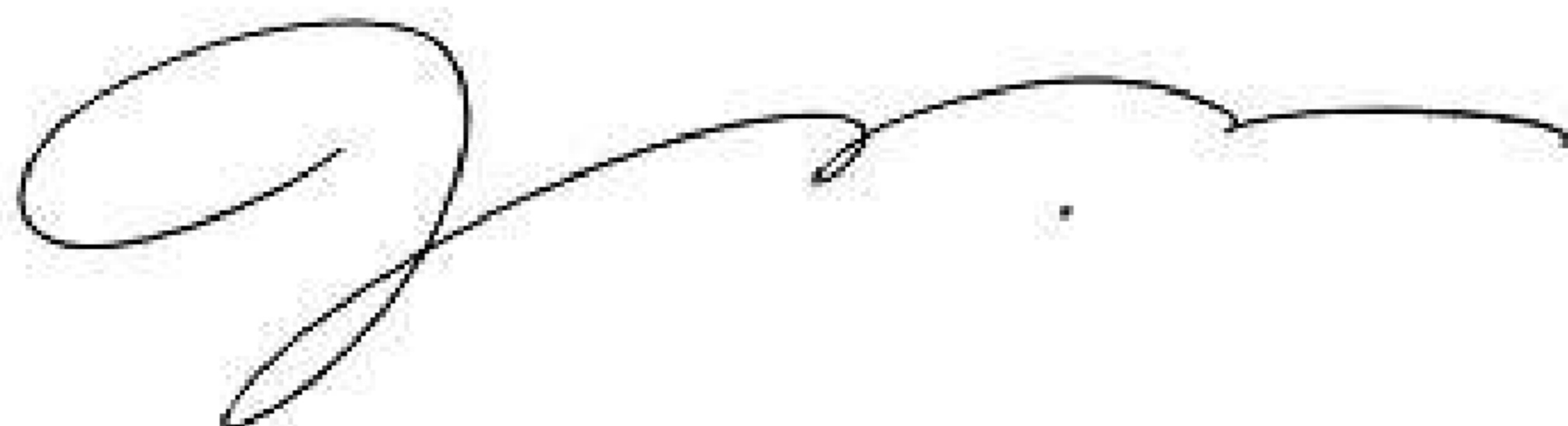
**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

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,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: [jess.schoenecker@state.mn.us](mailto:jess.schoenecker@state.mn.us)

Telephone: 651-201-3789 Fax: 1-866-890-9290

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30814</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/12/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GARDEN HOUSE ESTATES LTD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 RIVERSIDE DRIVE DULUTH, MN 55808</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> SL30814016</p> <p>On April 10, 2024 through April 12, 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 twenty-seven residents receiving services under the Assisted Living 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 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.</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>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.</p>	
0 480 SS=F	<p><b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b></p> <p><b>(13) offer to provide or make available at least the</b></p>	0 480		

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30814</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/12/2024</b>
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0 480	<p>Continued From page 1</p> <p>following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</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 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 the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 10, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that</p>	0 680		

Minnesota Department of Health

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0 680	<p>Continued From page 2</p> <p>contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post an emergency preparedness plan (EPP) prominently.</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 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).</p> <p>The findings include:</p>	0 680		
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Minnesota Department of Health

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0 680	<p>Continued From page 3</p> <p>During the entrance conference on April 10, 2024, at 10:25 a.m., registered nurse (RN)-A stated the licensee had an EPP binder.</p> <p>During observation on April 10, 2024, at approximately 10:45 a.m., the surveyor did not observe signage posted or information regarding the licensee's emergency plan or emergency exit diagrams on either the 2nd or 3rd floors of the establishment.</p> <p>During interview on April 10, 2024, at 2:15 p.m., RN-A stated she believed the emergency exit diagrams were posted on each floor near the elevators. When RN-A and surveyor went to view where the diagrams would have been posted, RN-A acknowledged they were not posted as she had thought.</p> <p>The licensee's Emergency Preparedness Policy dated February 10, 2024, indicated the licensee will post emergency exit diagrams on each floor of the facility.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 680		

Type: Full  
Date: 04/10/24  
Time: 12:00:00  
Report: 8010241055

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Garden House Estates Ltd  
1 Riverside Drive  
Duluth, MN55808  
St. Louis County, 69

**Establishment Info:**

ID #: 0039293  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 2186280271  
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.

### 2-100 Supervision

#### 2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

BLAINE BROOKS HAS PASSED THE SERVSAFE CLASS. 11/06/2023. THE STATE CFPM APPLICATION NEEDS TO BE COMPLETED WITHIN 6 MONTHS OF PASSING THE CLASS. POST THE STATE CFPM CERTIFICATE IN THE ESTABLISHMENT WHEN RECEIVED.

*Comply By: 04/10/24*

### 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.

DISCONTINUE USING THE CROCKPOT AND WHIRLPOOL REFRIGERATOR. THEY DO NOT MEET ANSI CERTIFICATION. TCS FOODS STORED IN THE WHIRLPOOL WILL BE MOVED TO THE APPROVED REFRIGERATOR IN THE KITCHEN.

*Comply By: 04/10/24*

### Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit

Location: WIPING CLOTH BUCKET

Violation Issued: No

Hot Water: = at Degrees Fahrenheit

Location: DISHWASHER SANITIZING CYCLE-TEMP TAPE TURNED BLACK

Violation Issued: No

Type: Full  
Date: 04/10/24  
Time: 12:00:00  
Report: 8010241055  
Garden House Estates Ltd

# Food and Beverage Establishment Inspection Report

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## Food and Equipment Temperatures

Process/Item: Hot Holding  
Temperature: 142 Degrees Fahrenheit - Location: HAMBURGERS-CROCKPOT  
Violation Issued: No

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Process/Item: Hot Holding  
Temperature: 157 Degrees Fahrenheit - Location: CORN-STOVETOP  
Violation Issued: No

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Process/Item: Upright Cooler  
Temperature: 41 Degrees Fahrenheit - Location: MILK-BEVERAGE AIR  
Violation Issued: No

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Process/Item: Upright Cooler  
Temperature: 39 Degrees Fahrenheit - Location: MILK-BEVERAGE AIR  
Violation Issued: No

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Process/Item: Upright Cooler  
Temperature: 39 Degrees Fahrenheit - Location: EGG CHEESE BAKE-BEVERAGE AIR  
Violation Issued: No

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Process/Item: Upright Cooler  
Temperature: 38 Degrees Fahrenheit - Location: MILK-WHIRLPOOL  
Violation Issued: No

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Process/Item: Upright Freezer  
Temperature: Degrees Fahrenheit - Location: FOODS FROZEN-BEVERAGE AIR  
Violation Issued: No

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Process/Item: Upright Freezer  
Temperature: Degrees Fahrenheit - Location: FOODS FROZEN-WHIRLPOOL TOP  
Violation Issued: No

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

## COMMENTS:

DISCUSSED THE EXCLUSION OF EMPLOYEES ILL WITH VOMITING OR DIARRHEA FROM THE FOOD ESTABLISHMENT FOR 24 HOURS AFTER SYMPTOMS ARE GONE.

ESTABLISHMENT IS USING PASTEURIZED EGGS.

Type: Full  
Date: 04/10/24  
Time: 12:00:00  
Report: 8010241055  
Garden House Estates Ltd

# 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 8010241055 of 04/10/24.

Certified Food Protection Manager: See Report

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Blaine Brooks  
Kitchen Manager

Signed: Daniel R Kosiak

8010

651-201-4500  
health.foodlodging@state.mn.us

Report #: 8010241055

# Food Establishment Inspection Report



Minnesota Department of Health  
 Minnesota Department of Health  
 PO Box 64975  
 St. Paul, MN 55164-0975

No. of RF/PHI Categories Out

1

Date 04/10/24

No. of Repeat RF/PHI Categories Out

0

Time In 12:00:00

Legal Authority MN Rules Chapter 4626

Time Out

Garden House Estates Ltd	Address 1 Riverside Drive	City/State Duluth, MN	Zip Code 55808	Telephone 2186280271
License/Permit # 0039293	Permit Holder	Purpose of Inspection Full	Est Type	Risk Category

## 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	Compliance Status	COS	R
<b>Supervision</b>			<b>Time/Temperature Control for Safety</b>		
1	<input checked="" type="radio"/>		18		
2	<input checked="" type="radio"/>		19		
<b>Employee Health</b>			<b>Consumer Advisory</b>		
3	<input checked="" type="radio"/>		20		
4	<input checked="" type="radio"/>		21		
5	<input checked="" type="radio"/>		22		
<b>Good Hygienic Practices</b>			<b>Highly Susceptible Populations</b>		
6	<input checked="" type="radio"/>		23		
7	<input checked="" type="radio"/>		24		
<b>Preventing Contamination by Hands</b>			<b>Food and Color Additives and Toxic Substances</b>		
8	<input checked="" type="radio"/>		25		
9	<input checked="" type="radio"/>		<b>Conformance with Approved Procedures</b>		
10	<input checked="" type="radio"/>		26		
<b>Approved Source</b>			27		
11	<input checked="" type="radio"/>		28		
12	<input checked="" type="radio"/>		29		
13	<input checked="" type="radio"/>		<b>Risk factors (RF)</b> are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <b>Public Health Interventions (PHI)</b> are control measures to prevent foodborne illness or injury.		
14	<input checked="" type="radio"/>				
<b>Protection from Contamination</b>					
15	<input checked="" type="radio"/>				
16	<input checked="" type="radio"/>				
17	<input checked="" type="radio"/>				

## 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

Compliance Status	COS	R	Compliance Status	COS	R
<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>		
30	<input checked="" type="radio"/>		43		
31			44		
32	<input checked="" type="radio"/>		45		
<b>Food Temperature Control</b>			46		
33			<b>Utensil Equipment and Vending</b>		
34	<input checked="" type="radio"/>		47	X	
35	<input checked="" type="radio"/>		48		
36			49		
<b>Food Identification</b>			<b>Physical Facilities</b>		
37			50		
<b>Prevention of Food Contamination</b>			51		
38			52		
39			53		
40			54		
41			55		
42			56		
			57		
			58		

Food Recalls:

Person in Charge (Signature)

Date: 04/10/24

Inspector (Signature)

*Diana R. Kozicki*