DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

January 5, 2022

Administrator
Zubeer Group Home LLC
1567 County Road I
Arden Hills, MN 55126

RE: Project Number(s) SL35989015

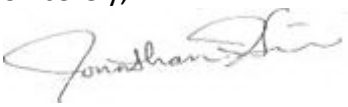
Dear Administrator:

On December 21, 2021, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the October 7, 2021, evaluation were corrected. The follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,



Jonathan Hill, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-215-9697

HHH

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Follow-Up
Date: *12/21/21*
Time: 09:55:33
Report: 1021211381

Food and Beverage Establishment Inspection Report

Location:
Zubeer Group Home Llc
1567 County Road I
Shoreview, MN55126
Ramsey County, 62

Establishment Info:
ID #: 0039159
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6197630751
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.

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

NO TEST KIT ON-SITE TO MEASURE THE CONCENTRATION OF CHLORINE. PROVIDE AS DESCRIBED IN RULE ABOVE. PER CONVERSATION WITH OWNER, THEY ALREADY ORDERED THE TEST KIT ONLINE. REPEAT 12/21/21.

Comply By: 12/21/21

2-100 Supervision

2-102.12AMN

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

NO MN CFPM WAS EMPLOYED AT THIS ESTABLISHMENT. PER CONVERSATION WITH OWNER, THEY ARE IN THE PROCESS OF HAVING SOMEONE TAKE AN APPROVED FOOD SAFETY COURSE AND BECOMING CERTIFIED. REPEAT 12/21/21.

Comply By: 12/21/21

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

FOLLOW-UP INSPECTION CONDUCTED WITH HAMDA FARAH.

TODAY'S FOLLOW UP WAS TO ADDRESS AND CLEAR PREVIOUSLY WRITTEN ORDERS FROM A FULL INSPECTION CONDUCTED ON 10/06/21. 11 OUT OF 13 ORDERS WERE CLEARED FROM THE REPORT.

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 1021211381 of 12/21/21.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed:_____

HAMDA FARAH
OWNER

Signed:_____

Melissa Ramos
Environmental Health Specialist
Metro District Office
651-201-4495
Melissa.Ramos@state.mn.us

Electronically Delivered

October 18, 2021

Administrator
Zubeer Group Home LLC
1567 County Road I
Arden Hills, MN 55126

RE: Project Number(s) SL35989015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on October 7, 2021, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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 . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), immediate fine imposition is authorized for both surveys and investigations conducted. When a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's clients/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 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 Department of Health within 15 calendar days.

A state licensing 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 general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general 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

Free from Maltreatment reconsideration requests should addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14, a request for a hearing must be in writing and received by the Department of Health within 15 calendar days. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jonathan Hill, Supervisor
Home Care and Assisted Living Program
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-215-9697

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35989	A. BUILDING: _____ B. WING _____	10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZUBEER GROUP HOME LLC	1567 COUNTY ROAD I ARDEN HILLS, MN 55126

(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	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.10 to 144G.93, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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. INITIAL COMMENTS: SL35989015 On October 6 through October 6, 2021, surveyors of this Department's staff, visited the above provider and the following correction orders were issued. At the time of the survey, there were two (2) clients receiving services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to adhere to the Minnesota Food Code, Minnesota Rules, chapter 4626. This had the potential to affect all (2) residents of the facility. 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). The findings include: Please refer to the additional documentation	0 480		

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0 480	Continued From page 2 included in the "Food and Beverage Establishment Inspection Report," dated October 6, 2021. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 550 SS=C	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post the required information related to the grievance procedure and contact information for the Office of Ombudsman for Long-Term Care and Mental Health and Developmental Disabilities. This had the potential to affect all (2) residents receiving assisted living services. This practice resulted in a level one violation (a violation that has not 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	0 550		

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0 550	Continued From page 3 or has potential to affect a large portion or all of the residents). The findings include: The licensee lacked a posting in a common area of the grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. In addition, there was no evidence of posting in the common area of contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. On October 6, 2021, at approximately 1:50 p.m., an observation was made of the facility's common areas and noted to lack the required posting of the grievance procedure and Ombudsman contact information. During an interview on October 7, 2021, at 11:44 a.m., the licensed assisted living director (LALD) verified the required information regarding the grievance process and ombudsman contact information was not posted in the common areas of the facility. The provided Complaint/Grievance policy, undated, did not address requirements for posting contact information in common areas. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c	0 640		

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0 640	Continued From page 4 The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center and failed to post the 911 emergency number in common areas and near telephones provided by the assisted living facility. This had the potential to affect all two (2) residents receiving assisted living services. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients). The findings include: The licensee lacked a posting of the 911 emergency number in common areas and near telephones provided by the assisted living. In addition, there was no evidence of the contact	0 640		

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0 640	Continued From page 5 information or reporting number for the Minnesota Adult Abuse Reporting Center (MAARC). On October 6, 2021, at approximately 1:50 p.m., an observation was made of the facility's common areas and noted to lack the required posting of the emergency number and information related to reporting suspected maltreatment to MAARC. During an interview on October 7, 2021, at 11:44 a.m., the licensed assisted living director (LALD) verified the required information regarding emergency number and MAARC reporting number was not posted in the common areas of the facility. The licensee's undated Vulnerable Adult-Prevention Maltreatment and Reporting policy indicated the provider would post information for reporting suspected crime and maltreatment. The facility would support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: a. Posting the 911 emergency number in common areas and near telephones provided by the assisted living facility. b. Posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640		

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0 780	Continued From page 6	0 780		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (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 (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; This MN Requirement is not met as evidenced by: Based on observation and interview, the facility failed to provide and maintain smoke alarms in all resident rooms and outside the hallway of resident rooms. This has the potential to directly affect all residents and staff. 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	0 780		

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0 780	Continued From page 7 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). The findings include: On October 6, 2021, between 3:30 p.m. and 4:45 p.m., survey staff toured the facility with the licensed assisted living director (LALD) and the following observations were made regarding smoke detectors: MAIN FLOOR SMOKE DETECTORS On October 6, 2021, at approximately 3:30 p.m., it was observed the smoke detectors in resident rooms 1, 2, and 3 on the main floor were battery operated only, and were not interconnected so the actuation of one alarm causes all alarms to actuate (operate) in the dwelling unit. On October 6, 2021, approximately 3:40 p.m., it was observed the hallway immediately outside of the bedroom was missing the required smoke detector and that it must be interconnected to the building smoke alarm system so that actuation of one alarm causes all alarms to actuate (operate) in the dwelling unit. On October 6, 2021, approximately 3:50 p.m., it was observed the main floor of the dwelling was missing the required smoke detector and that it must be interconnected to the building smoke alarm system so that actuation of one alarm causes all alarms to actuate (operate) in the dwelling unit. BASEMENT SMOKE DETECTORS On October 6, 2021, approximately 4:05 p.m., it was observed the bedroom 4 in the basement was missing batteries and not functioning properly. In addition, this smoke detector must also be interconnected to the building smoke	0 780		

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0 780	Continued From page 8 alarm system so that actuation of one alarm causes all alarms to actuate (operate) in the dwelling unit. On October 6, 2021, approximately 4:05 p.m., since the smoke alarms in the main floor are on batteries only, it was observed the combination smoke detector in the basement was not interconnected with the required building smoke alarm system so that actuation of one alarm causes all alarms to actuate (operate) in the dwelling unit. The LALD confirmed the above findings during the tour interview on October 6, 2021, between 3:30 p.m. and 4:05 p.m., and indicated a wireless operate smoke alarm system will function better. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 780		
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide and maintain	0 790		

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ZUBEER GROUP HOME LLC	1567 COUNTY ROAD I ARDEN HILLS, MN 55126

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0 790	Continued From page 9 fire extinguishers in accordance with the State Fire Code. This had the potential to directly affect all facility residents, staff and visitors. 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). The findings include: On October 6, 2021, between 2:30 p.m. and 4:45 p.m., survey staff toured the facility with licensed assisted living director (LALD) about portable fire extinguishers. MAIN FLOOR PORTABLE FIRE EXTINGUISHERS On October 6, 2021, approximately 3:00 p.m., portable fire extinguishers were located and secured with brackets at heights of bottom of extinguishers between 5 to 6 feet above the floor in the hallway of the near the bedroom, in the kitchen area, and near the front entrance door. The heights of the top of extinguishers above the ground locations exceed the maximum height allowed by the state fire code for extinguishers weighing less than 40 pounds at 5 feet above the ground or extinguishers weighing more than 40 pounds at 3.5 feet from the ground. In addition, all three extinguishers were observed with no tags attached to indicate required annual service and monthly inspections from this year, or any previous years. The administrator verified the information noted above and staff follow-up with	0 790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35989	A. BUILDING: _____ B. WING _____	10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZUBEER GROUP HOME LLC	1567 COUNTY ROAD I ARDEN HILLS, MN 55126

(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
0 790	Continued From page 10 an email on 10/7/2021, at 7:59 a.m. with a factsheet from the National Fire Protection Association (NFPA) regarding maximum height an extinguisher can be mounted as discussed with LALD on October 6, 2021. BASEMENT MECHANICAL ROOM PORTABLE FIRE EXTINGUISHERS On October 6, 2021, at approximately 3:45 p.m., a portable fire extinguisher was located in the mechanical room and was observed with no tags attached to indicate required annual service and monthly inspections from this year, or any previous years. The administrator verified the information. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (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. (c) Employees of assisted living facilities shall	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZUBEER GROUP HOME LLC	1567 COUNTY ROAD I ARDEN HILLS, MN 55126

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0 810	Continued From page 11 receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain a fire safety and evacuation plan with all required content, and failed to train employees and residents on fire and evacuation. This has the potential to directly affect the safety of all residents and staff. 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). The findings include:	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 810	Continued From page 12 On October 6, 2021, at approximately 2:35 p.m., and again at 4:15 p.m., survey staff explained and requested the facility fire safety and evacuation plan for review while on tour with the licensed assisted living director (LALD). At approximately between 4:15 p.m. and 4:45 p.m., survey staff waited while LALD retrieved the information from their electronic data storage system but not yet successful at 4:45 p.m. Survey staff agreed with LALD at that time that he can email the required documentation to survey staff for review that evening, but no later. At 8:13 p.m., survey staff received via email from LALD on the facility's evacuation plan, staff fire emergency training, and emergency plan for [licensee], 2021, documentation for review. The facility fire safety emergency documentation failed to provide: 1. Documentation on facility-specific procedures for employee fire drill procedures necessary for resident movements, and relocation during a fire or similar emergency, and no written instructions for addressing any unique situation during evacuation especially for residents who are needing assistance during evacuation. 2. The correct fire evacuation plan. The plan received by survey staff incorrectly shows the fire evacuation route for residents and staff as a safe place of refuge is in the basement. In addition, fire evacuation were not readily available. 3. The required training of employees on fire safety and evacuation. The documentation on the facility's policy statement received for review noted that training is required for all employees at the time of new hire orientation and annually, rather than twice a year as required.	0 810		

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0 810	Continued From page 13 4. The required training and records of training of residents who are capable of assisting their own evacuation on proper actions to take in the event of a fire for their safety including movement, evacuation, or relocation. On October 7, 2021, at approximately 4:30 p.m., these findings were verified with the administrator on a follow-up phone call from survey staff. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed ensure up-to-date written or electronically recorded prescriber order for treatment service, was maintained for one of one resident (R1) with record reviewed. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a	01970		

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01970	Continued From page 14 client'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 clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's care plan dated January 15, 2021, identified R1 received assistance with blood glucose monitoring. R1's record lacked evidence of a prescriber order for blood glucose monitoring. R1's blood sugar tracking record indicated the resident's blood sugar was monitored daily from June 9,2021 through October 4, 2021. On October 7, 2021, at 12:20 p.m., the administrator stated a current order was required to complete glucose monitoring. At 12:25 p.m. the administrator confirmed R1's record lacked a prescriber order for glucose monitoring. The licensee's undated Medication and Treatment Orders policy, indicated "medication and treatment/therapy orders received by [licensee] must be implemented within 24 hours of receipt. 1) Upon receipt of a medication and/or treatment order, whether new or change of an order from an authorized prescriber, a licensed nurse must take action to implement the order within 24 hours. 2) If a Licensed Nurse is not on duty when an order is received, the ULP [unlicensed personnell] will: a. Notify licensed nurse within one hour of receipt of order. If licensed nurse is not available, staff will leave voice message on voice mail describing order and the resident involved.	01970		

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01970	Continued From page 15 b. If it is at the end of a shift and you have not received direction from the licensed nurse, make certain the next shift knows that a message has been left, what the message is regarding and that you are awaiting direction from the licensed nurse. c. Orders can only be implemented when in direct contact with the licensed nurse. ULP will NOT implement orders or changes to orders unless in direct contact and instruction with the licensed nurse. d. The original signed order or faxed order will be placed in a designated place for the nurse to review and sign at the next scheduled licensed nurse visit. 3) When appropriate, changes will be made to a resident's Service Plan." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors Subd. 8.Notice to visitors. (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee	03090		

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03090	Continued From page 16	03090		

failed to ensure the required notice was posted at the main entry way of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all current residents in the assisted living facility, staff, and any visitors of the licensee.

This practice resulted in a level one violation (a violation that has not 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). The finding include:

On October 6, 2021, at approximately 1:50 p.m. an observation was made of the facility's common areas and noted the signage posted lacked the required verbiage regarding electronic monitoring.

On October 6, 2021, during the 1:50 p.m. entrance conference, licensed assisted living director (LALD) verified the sign posted was the only electronic monitoring notice posted in the facility.

The licensee's undated Electronic Monitoring policy indicated signs were installed at each facility entrance accessible to visitors that state: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons or activities."

No further information was provided.

TIME PERIOD FOR CORRECTION:
Twenty-One (21) days

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *10/06/21*
Time: 16:55:45
Report: 1021211308

Food and Beverage Establishment Inspection Report

Location:
Zubeer Goup Home LLC
1567 County Road I
Shoreview, MN55126
Ramsey County, 62

Establishment Info:
ID #: N003598
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #:
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.

2-200 Employee Health

2-201.11C ** Priority 1 **

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

NO EMPLOYEE ILLNESS LOG ON-SITE. DISCUSSED EMPLOYEE ILLNESS POLICY AND RECORDING WITH OWNER. AN MDH EMPLOYEE ILLNESS LOG SENT TO OWNER.

Comply By: 10/06/21

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) ** Priority 1 **

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

RAW SHELL EGGS STORED ABOVE READY TO EAT YOGURT AND PRODUCE IN THE FRIGIDAIRE COOLER. OWNER MOVED RAW SHELL EGGS TO BOTTOM DRAWER DURING INSPECTION TO PREVENT CROSS CONTAMINATION. CORRECTED ON-SITE. DISCUSSED FRIDGE STORAGE FOR FOOD SAFETY.

Comply By: 10/06/21

4-700 Sanitizing Equipment and Utensils

4-702.11 ** Priority 1 **

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.

ESTABLISHMENT IS NOT SANITIZING UTENSILS/DISHES AFTER MANUALLY WASHING AND RINSING. ALL FOOD-CONTACT SURFACES OF UTENSILS AND EQUIPMENT MUST BE EFFECTIVELY WASHED, RINSED, AND SANITIZED USING AN APPROVED SANITIZING

METHOD. SEE COMMENTS.

Comply By: 10/06/21

7-200 Toxic Supplies and Applications

7-204.11 ** Priority 1 **

MN Rule 4626.1620 Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.

ESTABLISHMENT HAS BLEACH ON-SITE BUT IT IS NOT FOR FOOD CONTACT SURFACES. ON THE LABEL IT SAYS THAT IT IS FOR CLEANING BATHROOMS AND FOR LAUNDRY. PROVIDE APPROVED SANITIZER FOR FOOD CONTACT SURFACES.

Comply By: 10/06/21

3-500C Microbial Control: date marking

3-501.17B ** Priority 2 **

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

OPEN GALLON OF MILK THAT WAS OPENED ON MONDAY 10/04 LACKS A DATE MARK. DISCUSSED DATE MARKING OF PACKAGE FOOD ITEMS FROM A PROCESSING PLANT WITH OWNER. STAFF WILL DATE MARK GALLON OF MILK.

Comply By: 10/06/21

4-300 Equipment Numbers and Capacities

4-302.12B ** Priority 2 **

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

NO THERMOMETER ON-SITE FOR TAKING FOOD TEMPERATURES. PROVIDE AS DESCRIBED IN RULE ABOVE.

Comply By: 10/06/21

4-300 Equipment Numbers and Capacities

4-302.13B ** Priority 2 **

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

ESTABLISHMENT DOES NOT HAVE MEASURING DEVICE THAT INDICATES THE FINAL UTENSIL SURFACE TEMPERATURE IN HIGH TEMPERATURE DISH MACHINE. PROVIDE. THERMOLABELS WERE LEFT ON-SITE. SEE COMMENTS.

Comply By: 10/06/21

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

NO TEST STRIPS ON-SITE TO MEASURE THE CONCENTRATION OF CHLORINE. PROVIDE AS DESCRIBED IN RULE ABOVE.

Comply By: 10/06/21

5-200C Plumbing: Maintenance, fixture location

5-205.11AB ** Priority 2 **

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

ESTABLISHMENT MUST DESIGNATE A BASIN OF THE TWO BASIN KITCHEN SINK FOR HANDWASHING ONLY. OWNER DESIGNATED THE LEFT SIDE OF THE KITCHEN SINK BASIN TO BE THE HANDWASHING SINK DURING INSPECTION. CORRECTED ON-SITE.

Comply By: 10/06/21

6-300 Physical Facility Numbers and Capacities

6-301.11 ** Priority 2 **

MN Rule 4626.1440 Provide an adequate supply of hand soap at each handwashing sink or group of 2 adjacent handwashing sinks.

NO HAND SOAP AT HANDWASHING SINK. STAFF PROVIDED SOAP DURING INSPECTION. CORRECTED ON-SITE. MAINTAIN A SUPPLY OF HAND SOAP AT HANDWASHING SINK DURING ALL HOURS OF OPERATION.

Comply By: 10/06/21

6-300 Physical Facility Numbers and Capacities

6-301.12 ** Priority 2 **

MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

NO PAPER TOWELS AT THE HANDWASHING SINK. STAFF PROVIDED PAPER TOWELS DURING INSPECTION. CORRECTED ON-SITE. MAINTAIN A SUPPLY OF PAPER TOWELS AT THE HANDWASHING SINK DURING ALL HOURS OF OPERATION.

Comply By: 10/06/21

2-100 Supervision

2-102.12AMN

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

NO MN CFPM WAS EMPLOYED AT THIS ESTABLISHMENT. PER CONVERSATION WITH OWNER THEY ARE IN THE PROCESS OF HAVING SOMEONE TAKE AN APPROVED FOOD SAFETY COURSE AND BECOMING CERTIFIED. INFORMATION ON HOW TO OBTAIN CFPM CERTIFICATE SENT TO OWNER.

Comply By: 10/06/21

4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

KITCHEN CABINETS ABOVE MICROWAVE CONTAIN ACCUMULATION OF GREASE. DISCUSSED WITH MANAGER THAT THEY SHOULD TURN THE VENTILATION FAN ON UNDER MICROWAVE WHEN COOKING TO PREVENT GREASE TO ACCUMULATE ON CABINETS AND EQUIPMENT. CLEAN AND MAINTAIN CLEAN.

Comply By: 10/06/21

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: MILK - FRIGIDAIRE COOLER
Violation Issued: No

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

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	4	7	2

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH OWNER, HAMDA FARAH. INSPECTION REPORT WAS ALSO REVIEWED BY HFE- NURSE EVALUATOR, RENEE ANDERSON.

ESTABLISHMENT HAS A RESIDENTIAL HIGH TEMPERATURE DISH MACHINE. ALL DISHES AND UTENSILS NEED TO BE SANITIZED IN THE DISH MACHINE.

THE THERMOLABELS WILL HELP THE ESTABLISHMENT VERIFY THAT THEIR DISH MACHINE IS PROVIDING A FINAL UTENSIL SURFACE TEMPERATURE OF 160F OR ABOVE.

PER CONVERSATION WITH OWNER, FOOD IS MADE FOR SAME DAY SERVICE. NO LEFTOVERS ARE KEPT.

THE CEILING IN THE KITCHEN HAS A POPCORN FINISH AND UNABLE TO VERIFY IF THE BASE CABINETS IN THE KITCHEN WERE NOT HOLLOW. PHYSICAL FACILITY ITEMS WILL BE MONITORED AT FUTURE INSPECTIONS.

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 1021211308 of 10/06/21.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed:_____
HAMDA FARAH
OWNER

Signed:_____
Melissa Ramos
Environmental Health Specialist
Metro District Office
651-201-4495
Melissa.Ramos@state.mn.us

Report #: 1021211308

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out	6	**Date**	10/06/21
No. of Repeat RF/PHI Categories Out	0	**Time In**	16:55:45
Legal Authority MN Rules Chapter 4626		**Time Out**	

Zubeer Goup Home LLC	**Address** 1567 County Road I	**City/State** Shoreview, MN	**Zip Code** 55126	**Telephone**
License/Permit # N003598	**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
Supervision			
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		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		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, & used; test strips		
49	X	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		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:** 10/08/21

Inspector (Signature)