Electronically Delivered

September 19, 2024

Licensee
Scenic Hills Alternative Care
2197 Bonnie Lane
Saint Paul, MN 55119

RE: Project Number(s) SL32166015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 20, 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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 may be 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.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

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 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

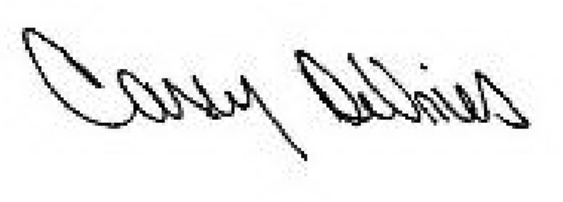
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32166	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCENIC HILLS ALTERNATIVE CARE	2197 BONNIE LANE SAINT PAUL, MN 55119

(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 ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL32166015-0 On August 19, 2024, through, August 20, 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 five residents; five receiving services under the provider's Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. 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: (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 ensure food was prepared and served according to the Minnesota Food Code. 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 19, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and	0 510		

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0 510	Continued From page 2 nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program. In addition, the licensee failed to follow current infection control recommendations for Coronavirus (COVID-19) to comply with accepted health care, medical, and nursing standards for infection control. This practice had the potential to affect the licensee's 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) 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). The findings include: SHARPS DISPOSAL On August 19, 2024, at 11:45 a.m., in the dining area of the split-level assisted living facility, the main level consisted of a common area, dining area, and a combined kitchen and smaller dining area. In the smaller dining area, there were two	0 510		

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0 510	Continued From page 3 medication cabinets. Next to the medication cabinet was a red sharps container used for disposal of hazardous material. In one of the medication cabinets there was a large pink household bucket that contain discontinued oral medications. In the main dining area, the surveyor observed program manager (PM)-B assist R1 to administer insulin with two separate insulin injection pens (a medication delivery device used to inject medication). After the insulin was administered, R1 secured both insulin injection pens by pushing on a safety cap over the needle (action performed to prevent a contaminated needle puncture to someone other than the resident after use). With the needle secured and covered, R1 unscrewed the safety cap from the insulin injection pen and placed it into a medication cup. R1 stated they were unable to unscrew the capped needle from the second insulin injection pen and handed it to PM-B. PM-B walked to the adjoining smaller dining area. PM-B placed the capped needle from the medication cup into the sharps container. PM-B unsecured the second insulin injection by removing the safety cap exposing the contaminated needle, bent the exposed needle with the cap, attempted to place a larger grey cap previously used to maintain the integrity of the injection pen, opened the medication cabinet, and placed the insulin injection pen into the pink bucket. When PM-B placed the injection needle into the pink bucket, the larger grey cap had fallen off the injection pen. The pink bucket did not meet the recommended safety requirements for disposing of contaminated needles. The sharps container lid used for contaminated needles was not properly sealed, the lid was ajar. The content of the sharps container were filled passed the imprinted statement, "do not fill above this line." There was a blue cylindrical item that	0 510		

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0 510	Continued From page 4 was not in the sharps container completely and was halfway out of the sharps container. On August 19, 2024, at 11:52 a.m., PM-B stated the registered nurse (RN) trained them on correct disposal of contaminated needles. PM-B stated the insulin injection pen with the needle should not have been placed into the pink bucket. On August 19, 2024, at 11:57 a.m., the surveyor observed PM-B searching the assisted living facility (ALF) for a new sharps container. Clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated they would order a new sharps containers for the facility. PM-B and CNS/LALD-C were unable to locate a new sharps container. On August 19, 2024, at 12:00 p.m., CNS/LALD-C stated staff were trained to placed contaminated needles into the sharps container and there was no excuse for not disposing of the contaminated needle correctly. CNS/LALD-C stated the lid to the sharps container should be completed secured and the content should not pass the "do not fill above this line." CNS/LALD-C stated this was an oversight. The licensee's undated 4.5 Disposal of Sharps policy indicated the following," 1. If possible, use devices other than a needle and syringe to perform laboratory procedures. 2. DO NOT recap, bend, break, or manipulate needles by hand. Discard these items intact. 3. Place sharps immediately after use in a puncture-resistant, leak-proof container for sharps disposal (such as NIEHS Stock Number 3 -0730). DO NOT place sharps in regular trash receptacles. 4. Containers for sharps disposal must be	0 510		

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0 510	Continued From page 5 located in the work area at the point of use. 5. Containers for sharps disposal must be closed (lid or cover closed and sealed with tape) and submitted for waste pickup when they are no more than ¾ full. Never overfill or force items into these containers." The Food and Drug Administration Sharps Disposal Containers in Health Care Facilities dated April 29, 2021, recommended using a tight fitting, puncture-resistant lid, and to follow manufactures instructions to close and seal sharps disposal containers when about three-fours (3/4) full. INJECTION SITE INFECTION CONTROL On August 19, 2024, at 11:45 a.m., the surveyor observed PM-B assist R1 to administer insulin with two separate insulin injection pens. PM-B did not clean the two injection sites with alcohol prior to the insulin administration for both insulin injection pens. On August 19, 2024, at 11:52 a.m., PM-B stated they were trained to wipe down the site with alcohol prior to medications being injected. PM-B stated they forgot to perform that action. On August 19, 2024, at 11:59 a.m., CNS/LALD-C stated staff were trained to wipe down the site with alcohol prior to medications being injected. CNS/LALD-C stated there were written instructions in the medication administration record (MAR) binder, and PM-B was, "probably nervous." The license's undated Insulin Administration Step by Step Procedure indicated staff were to wipe the injection site area vigorously with alcohol.	0 510		

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0 510	Continued From page 6 CORONVIRUS (COVID-19) PROTOCOLS On August 20, 2024, at 6:52 a.m., the surveyor observed ULP-E in the kitchen area preparing to administer medication to R4. ULP-E stated R4 had a diagnosis of COVID-19. The surveyor observed ULP-E don a blue plastic gown, N95 mask (a respiratory protective device), and gloves. Without wearing a face shield or protective eyewear, ULP-E entered R4's bedroom and administered the medications to R4. The surveyor inquired to ULP-E to confirm if they were following the licensee's COVID-19 protocol and in the interest of infection control and the safety of other residents, the surveyor requested ULP-E contact the CNS for direction. Without removing gloves, gown, mask, or performing hand hygiene, ULP-E walked out of R4's bedroom to the kitchen, removed gloves and performed hand hygiene. On August 20, 2024, at 7:10 a.m., while wearing the gown and mask, the surveyor observed ULP-E making a cellular telephone call. ULP-E placed the cellular phone on loudspeaker. The person identified themselves as CNS/LALD-C. CNS/LALD-C stated they had isolated the resident for 24 hours or until the resident was symptom free for 24 hours, and the resident had passed the required isolation period. The cellular phone call ended. The surveyor observed ULP-E remove the blue plastic gown and place it into the kitchen trash. Without performing hand hygiene, ULP-E entererd the bathroom, placed gloves on, and walked into R4's bedroom. ULP-E assisted R4 into the wheelchair and pushed R4 out of the bedroom to the bathroom. On August 20, 2024, at 7:20 a.m., the surveyor observed R4 at the dining room table.	0 510		

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0 510	Continued From page 7 On August 20, 2024, at 7:23 a.m., the surveyor contacted CNS/LALD-C. CNS/LALD-C stated during a recent hospital stay, R4 was tested for COVID-19 on August 16, 2024, as part of a hospice admission assessment requirement (CNS/LALD-C later clarified R4 was hospitalized on August 8, 2024). The result was a positive test for COVID-19. CNS/LALD-C stated the resident discharged from the hospital back to the ALF on August 19, 2024, at approximately 5:00 p.m. CNS/LALD-C stated the licensee's procedure was to isolate residents when symptomatic for five days. CNS/LALD-C stated they had not checked R4's temperature, blood pressure, pulse, respiration, or oxygen saturation level when R4 returned to the ALF as there was no reported fever from the hospital nurse prior to discharge. R4's medical chart contained a message sent from CNS/LALD-C to R4's primary card physican care team dated August 8, 2024, which indicated R4 was taken to hopsital for shortness of breath and labored breathing (difficulty breathing). On August 20, 2024, at 7:39 a.m., ULP-E stated the ULP from the previous shift informed them R4 was COVID-19 positive. ULP-E stated they were required wear a gown and mask when providing direct cares to the resident. The surveyor asked ULP-E if they contacted the CNS for instruction on the licensee's COVID-19 protocol. ULP-E stated they did not contact the CNS for guidance and followed protocol based on previous experience. The surveyor observed ULP-E search for a reference binder. ULP-E was not able to show the surveyor the COVID-19 protocols for the ALF. On August 20, 2024, at 8:14 a.m., CNS/LALD-C stated the ALF did not have a COVID-19 policy	0 510		

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0 510	Continued From page 8 that instructed staff on how to care for COVID-19 residents. CNS/LALD-C stated the hospital admitting diagnoses for R4 was pneumonia (lung infection) on August 8, 2024, and R4 tested negative for COVID-19 at the time of admission. CNS/LALD-C stated the licensee's current practice was to isolate COVID-19 positive residents for three days. On August 20, 2024, at 8:29 a.m., CNS/LALD-C stated they had instructed staff that R4 did not need to isolate and they did not require staff to wear gown, gloves, masks face shields when providing cares to R4. CNS/LALD-C stated they should have informed staff in writing on the care plan for R4. On August 20, 2024, at 9:56 a.m., CNS/LALD-C stated they were unaware the licensee was required to follow infection control recommendations made by the Center for Disease Control (CDC). The surveyor observed CNS/LALD-C looking at the current infection control recommendations by the CDC. On August 20, 2024, at 10:11 a.m., CNS/LALD-C stated they would place R4 on isolation precautions. The licensee's undated 2.31 Infection Disease policy indicated [licensee] will maintain an infection control program that complies with all set infection control standards. The CDC's COVID-19 Infection Control Guidance: SARS-CoV-2 dated June 24, 2024, indicated the guidance applied to all U.S. settings where healthcare is delivered, including nursing homes and home health. The recommendations in the guidance continue to apply after the	0 510		

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0 510	Continued From page 9 expiration of the federal COVID-19 Public Health Emergency. The guidance recommended a 10-day isolation period for a positive COVID-19 test if the person was asymptomatic (does not display symptoms). The CDC's COVID-19 Infection Control Guidance: SARS-CoV-2 dated June 24, 2024, recommended health care professionals who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use an approved particulate respirator with N95 filters or higher, gown, gloves and eye protection (goggles or a face shield that covers the front and sides of the face). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
01890 SS=F	144G.71 Subd. 20 Prescription drugs 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to discard expired medication for four of five residents (R1, R2, R4, R5).	01890		

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01890	Continued From page 10 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). The findings include: On August 19, 2024, at 10:16 a.m., the surveyor observed R4's locked medication cabinet which contained polyethylene powder expired July 26, 2024, ondansetron 4 milligram (mg) oral medication card expired July 2, 2024, and ventolin 90 microgram (mcg) inhaler expired August 8, 2024. On August 19, 2024, at 10:19 a.m., the surveyor observed R5's locked medication cabinet which contained furosemide 20 mg oral medication card expired July 2, 2024, Tussin DM 200 mg liquid bottle expired July 26, 2024, ammonium lactate 12 percent (%) cream expired July 16, 2024, and Polyvinyl alcohol 1.4 % eye drops expired April 29, 2024. On August 19, 2024, at 10:22 a.m., the surveyor observed R1's locked medication cabinet which contained triamcinolone 0.1 % cream expired July 24, 2024, quetiapine 25 mg oral medication card expired July 30, 2024, and prochlorperazine 10 mg oral medication card expired May 27, 2024. On August 19, 2024, at 10:24 a.m., the surveyor observed R2's locked medication cabinet which contained naproxen 500 mg oral medication card expired July 18, 2024, and acetaminophen 500 mg oral medication card expired June 4, 2024.	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32166	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCENIC HILLS ALTERNATIVE CARE	2197 BONNIE LANE SAINT PAUL, MN 55119

(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
01890	Continued From page 11 On August 19, 2024, at 10:28 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated staff are trained to check the expiration date on each medication before administration to a resident. CNS/LALD-C stated there should not be expired medications with the resident's current medications. The licensee's undated 3.8 Preparing and Giving Medications policy indicated staff would check the expiration date prior to medication administration to residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

Minnesota Department of Health
Food, Pools, and Lodging Services
625 Robert Street North
St. Paul
6512014500

Type: Full
Date: *08/19/24*
Time: 13:25:30
Report: 1029241244

Food and Beverage Establishment Inspection Report

Location:

Scenic Hills Alternative Care
2197 Bonnie Lane
St Paul, MN55119
Ramsey County, 62

Establishment Info:

ID #: 0034269
Risk: Medium
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Bridget Essling
Phone #: 6512004576
ID #: 49051

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

3-500C 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.

DELI MEATS W/OUT DATE MARKINGS. CORRECTED DURING INSPECTION. INSTRUCTED REP TO DATE MARK ITEMS THAT REQUIRE DATE MARKING.

Comply By: 08/19/24

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

3-307.11

MN Rule 4626.0337 Protect food from miscellaneous sources of contamination.

SOME LAMINATE CHIPPING OFF EXPOSING MDF IN CABINETRY AND DRAWERS. REP INSTRUCTED TO SEAL TO ELIMINATE SOURCES OF POSSIBLE CONTAMINATION.

Comply By: 09/30/24

Surface and Equipment Sanitizers

HOT WATER: = at 180 Degrees Fahrenheit
Location: DISHWASHER (THERMAL STICKER)
Violation Issued: No

Food and Equipment Temperatures

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

Type: Full
Date: *08/19/24*
Time: 13:25:30
Report: 1029241244
Scenic Hills Alternative Care

Food and Beverage Establishment Inspection Report

Process/Item: DELI MEAT
Temperature: 39 Degrees Fahrenheit - Location: COOLER - INTERIOR CAVITY
Violation Issued: No

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

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

MAYTAG ANSI/NSF 184 FOR RESIDENTIAL DISHWASHERS USED TO SANITIZE. KITCHEN RESIDENTIAL IN NATURE WITH HARDWOOD FLOORS, WOOD/COMPOSITE WOOD DRAWERS AND CABINETRY, LAMINATE COUNTERTOPS, SMOOTH PAINTED WALLS, AND POPCORN CEILING. IDENTIFIED ISSUES DISCUSSED WITH REPRESENTATIVE DURING INSPECTION.

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 1029241244 of 08/19/24.

Certified Food Protection Manager: CRYSTAL M. PLAGENS

Certification Number: FM93840 Expires: 04/28/27

Inspection report reviewed with person in charge and emailed.

Signed: _____
CRYSTAL PLAGENS
SENIOR PROGRAM MANAGER

Signed: Trevor McCliment

Trevor McCliment
Public Health Sanitarian
Metro District Office
651-201-3957
trevor.mccliment@state.mn.us

Report #: 1029241244

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Food, Pools, and Lodging Services
625 Robert Street North
St. Paul

No. of RF/PHI Categories Out	1	Date	08/19/24
No. of Repeat RF/PHI Categories Out	0	Time In	13:25:30
Legal Authority MN Rules Chapter 4626		Time Out	

Scenic Hills Alternative Care	Address: 2197 Bonnie Lane	City/State: St Paul, MN	Zip Code: 55119	Telephone: 6512004576
License/Permit #: 0034269	Permit Holder: Bridget Essling	Purpose of Inspection: Full	Est Type:	Risk Category: M

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		Thermometers provided & accurate		
Food Identification				
37		Food properly labled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39	X	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		Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		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) [signature] **Date:** 08/19/24

Inspector (Signature) Trevor McCliment