Electronically Delivered

July 10, 2025

Licensee
Pathstone Crossing
718 Mound Avenue
Mankato, MN 56001

RE: Project Number(s) SL30425016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 16, 2025, 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 . . ."

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 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30425	A. BUILDING: _____ B. WING _____	05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHSTONE CROSSING	718 MOUND AVENUE MANKATO, MN 56001

(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: SL30425016-0 On May 13, 2025, through May 16, 2025, 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 74 residents; 71 receiving services under the Assisted Living Facility with Dementia Care 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 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. 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, 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 14, 2025, 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	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 510 SS=D	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 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 that complies with accepted health care, medical and nursing standards for infection control by one of one unlicensed personnel (ULP-E) observed during medication administration. 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:	0 510		

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0 510	Continued From page 4 R7's diagnoses included Parkinson's disease. R7's Service Plan effective May 9, 2025, indicated services included medication administration. On May 14, 2025, at 7:35 a.m., the surveyor observed ULP-E setting-up and administering medications to R7. There were nice different oral medications including carbidopa-levodopa (used to treat Parkinson's disease) 25-100 milligrams by mouth four times a day. ULP-E placed all of R7's oral medications in one medication cup during the set-up. R7 walked to the medication cart utilizing a walker with stand-by assistance provided by a staff member. ULP-E poured the medications into R7's hand; R7 then put the medications in her mouth, although dropped the carbidopa-levodopa medication onto the floor. ULP-E handed R7 a cup of water to drink with the medications, then applied a glove to her right hand and picked the pill up off the floor. ULP-E then handed the medication to R7, who accepted and consumed it. When interviewed immediately following the observation, ULP-E stated it was ok to administer a medication after being dropped on the floor unless the resident objected. ULP-E stated she should have asked R7 if they still wanted to take the medication after it was on the floor. On May 14, 2025, at 4:16 p.m., clinical nurse supervisor (CNS)-C stated when a medication is dropped on the floor, they should retrieve a new medication to administer, and notify the nurse so the dropped medication could be replaced. No further information provided.	0 510		

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0 510	Continued From page 5 TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was submitted and received an affiliation with the assisted living license for staff from the attached nursing home providing care at the licensee for one of one employee (unlicensed personnel (ULP)-E) 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	01290		

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01290	Continued From page 6 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: ULP-E had a hire date of October 8, 2024, to provide direct care services to the licensee's residents. NETStudy 2.0 employee roster for Health Facility identification number (HFID#) 30425 did not include ULP-E as a current employee. NETStudy 2.0 indicated ULP-E had an affiliation with the licensee as a kitchen worker on October 4, 2024, and was separated on December 19, 2024. ULP-E was affiliated with the skilled nursing facility, which was attached to the licensee. On May 14, 2025, at 12:20 p.m., house manager (HM)-B stated ULP-E had initially worked for the licensee as a kitchen worker but now worked as a resident assistant. HM-B was unaware ULP-E's background study was no longer affiliated with the licensee. The licensee's Background Checks policy effective August 1, 2021, indicated: All employees; as well as contractors, and regularly scheduled volunteers of the facility with direct resident contact will undergo a background study through DHS (Department of Human Services). Only those with satisfactory results will continue to work with the facility and its residents. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		

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01760	Continued From page 7	01760		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered for one of three residents (R8) observed during medication administration. 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R8's Service Plan dated May 5, 2025, indicated	01760		

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01760	Continued From page 8 services included medication administration by unlicensed personnel (ULP). R8's provider visit note/orders dated April 22, 2025, included the following order: donepezil (medication used to treat symptoms of dementia) 10 milligram oral tablet. Take one tablet by mouth at bedtime. The provider note also included under History of Present Illness: Saw [healthcare provider] on 10/13 for progressive memory concerns and associated cognitive evaluation. Donepezil was initiated with a goal dose of 10 mg (milligrams) each morning. R8's medication administration record (MAR) dated May 2025, included the above order as written at bedtime; despite it was ordered to be administered in the morning. On May 14, 2025, at 7:41 a.m., the surveyor observed ULP-D setting up R8's morning medications for administration including donepezil. The surveyor noted the pharmacy label on the donepezil medication card was ordered for bedtime and asked ULP-D if the order had changed. ULP-D reviewed R8's donepezil order in the MAR and stated it was transcribed as ordered at bedtime; however, it was listed on the MAR to be administered in the morning. ULP-D then removed the donepezil from the medication cup and stated she would talk to the nurse for clarification prior to administering. On May 14, 2025, at 4:16 p.m., clinical nurse supervisor (CNS)-C stated R8 had always taken donepezil in the morning and the April 22, 2025, provider note also indicated that is how it was ordered by the neurologist. CNS-C stated the pharmacy provides the labels for the medications and the order also is then submitted to the MAR	01760		

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01760	Continued From page 9 via the pharmacy as well. CNS-C stated the label and transcription did not reflect the correct time the medication was supposed to be given. The licensee's Administration of Medication, Treatment and Therapy by Unlicensed Personnel policy dated August 1, 2021, indicated: 2. Medications, treatment and therapy always need to be administered according to the "6 Rights" a. Right person b. Right medication, treatment or therapy c. Right time d. Right route e. Right dose f. Right chart/record to document that the medication, treatment and therapy was taken No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions	01940		

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01940	Continued From page 10 relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of three residents (R1). 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on May 13, 2025, at 10:16 a.m., clinical nurse supervisor (CNS)-C	01940		

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01940	Continued From page 11 stated the licensee provided treatment management services to residents, including compression stockings. On May 14, 2025, at 8:27 a.m., the surveyor observed unlicensed personnel (ULP)-D administering medications to R1 in R1's room. ULP-D stated she also needed to ensure R1's compression stockings were on and applied correctly. R1 was seated in a recliner with her legs elevated; compression stockings observed on R1's lower legs bilaterally. R1's diagnoses included chronic kidney disease due to type II diabetes, edema, and right leg swelling. R1's Service Plan signed February 4, 2025, indicated services included physical assist of one staff to apply R1's compression stockings daily in the morning and remove at bedtime. The service plan further instructed staff to ensure no wrinkles when applied, and to wash and hang stockings to dry once removed. R1's record lacked a treatment management plan to include the following required content: - procedures for notifying a registered nurse (RN) when a problem arose with treatments or therapy services. On May 16, 2025, at 8:42 a.m., CNS-C reviewed R1's record and could not locate evidence of instructions for staff to contact the RN when problems arose with the compression stockings. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

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Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Ecumen Pathstone
718 Mound Ave.
Mankato, MN
Blue Earth County
Parcel:

Phone: 507-345-4576
kristyschuft@ecumen.org

License Info

License: 30425
Kristy Schuft
Risk: High
License:
Expires on:
CFPM: Kristy Schuft
CFPM #: FM46298; Exp: 05/15/2028

Inspection Info

Report Number: F1028251016
Inspection Type: Full - Single
Date: 5/14/2025 Time: 11:28:08 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 3
Total Priority 3 Orders: 4
Delivery: Emailed

New Order: 4-200 Equipment Design and Construction
4-203.12 *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0560 Replace ambient air and water temperature measuring devices that are not accurate to plus or minus 3 degrees F.
COMMENT: **The internal thermometer in the Beverage Air refrigerator in the 4000 Serving Kitchen must be replaced as it is broken.**
Comply By: 5/14/2025 Originally Issued On: 5/14/2025

New Order: 4-200 Equipment Design and Construction
4-204.115 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0635 Provide a temperature measuring device in the warewashing machine that indicates the temperature of the water in the wash tank, rinse tank, and the water that enters the sanitizing final rinse manifold or the chemical sanitizing solution tank.
COMMENT: **The wash temperature gauge of the dish machine in the 4000 Serving Kitchen is broken and must be repaired.**
Comply By: 5/21/2025 Originally Issued On: 5/14/2025

New Order: 4-200 Equipment Design and Construction
4-204.117A *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0643A Provide automatic dispensing of detergent and sanitizer to the dish machine.
COMMENT: **The detergent dispenser for the dish machine is not functioning correctly and must be repaired as soon as possible. Until this repair is made, dishes must be washed in a 3-compartment sink.**
Comply By: 5/14/2025 Originally Issued On: 5/14/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: **The top of the dish machine and the top of the oven in the main kitchen area must be cleaned to remove lime scale accumulation and food residue accumulation, respectively.**
Comply By: 5/14/2025 Originally Issued On: 5/14/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-602.13 *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0855 Clean all non-food-contact surfaces of equipment at a frequency necessary to preclude accumulation of soil residues.
COMMENT: **The surfaces adjacent to the juice dispensing nozzle of the juice dispenser in the 5000 Serving Kitchen must be cleaned to remove residue accumulation.**
Comply By: 5/16/2025 Originally Issued On: 5/14/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT: **The floor surface of the Walk-In Cooler must be cleaned to remove spilled raw meat juice. Going forward, store the tubes of raw meat on impermeable pans.**
Comply By: 5/14/2025 Originally Issued On: 5/14/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.16 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1540 Hang mops to dry after each use and do not store mops in a manner that will soil walls, equipment or supplies.
COMMENT: **Discontinue leaving used mop heads on the floor surface of the kitchen area. When employees are done using mop heads, they should hang them over the mop sink or dispose of them in a bin.**
Comply By: 5/14/2025 Originally Issued On: 5/14/2025

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Mankato District Office inspection report number F1028251016 from 5/14/2025

Kristy Schuft

Ryan Miller, RS
Public Health Sanitarian 3
507-344-2721
ryan.miller@state.mn.us

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Establishment Info

Ecumen Pathstone
Mankato
County/Group: Blue Earth County

Inspection Info

Report Number: F1028251016
Inspection Type: Full
Date: 5/14/2025
Time: 11:28:08 AM

Equipment Temperature: Product/Item/Unit: Arctic Air Refrigerator**; Temperature Process:**
Location: Upright Cooler at 38 Degrees F.
Comment: Location: Cafe
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Walk-In Cooler**; Temperature Process:**
Location: Walk-in Cooler at 38 Degrees F.
Comment: Location: Main Kitchen
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Manitowoc Freezer**; Temperature Process:**
Location: Upright Freezer at -8 Degrees F.
Comment: Location: Main Kitchen
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Beverage Air Refrigerator**; Temperature Process:**
Location: Upright Cooler at 38 Degrees F.
Comment: Location: Main Kitchen
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: True Refrigerator**; Temperature Process:**
Location: Upright Cooler at 38 Degrees F.
Comment: Location: Main Kitchen
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Economy Refrigerator**; Temperature Process:**
Location: Upright Cooler at 38 Degrees F.
Comment: Location: 5000 Serving Kitchen
Violation Issued?: No

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Sanitizer Observations/Recordings

Establishment Info

Ecumen Pathstone
Mankato
County/Group: Blue Earth County

Inspection Info

Report Number: F1028251016
Inspection Type: Full
Date: 5/14/2025
Time: 11:28:08 AM

Sanitizing Chemical: Product: Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 200 PPM
Comment: Location: Cafe
Violation Issued?: No

Sanitizing Equipment: Product: Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 180 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: Product: Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 180 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: Product: Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 190 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: Product: Hot Water**; Sanitizing Process:**
Location: Dishwashing Area **Equal To** 184 PPM
Comment:
Violation Issued?: No