DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

June 7, 2022

Administrator
Woodbury Villa
7008 Lake Road
Woodbury, MN 55125

RE: Project Number SL30223015

Dear Administrator:

On May 11, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the May 8, 2022, evaluation were corrected. This 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,

Jessica Chenze

Jessie Chenze, Interim Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: Jessica.Chenze@state.mn.us
Phone: 218-332-5175| Fax: 218-332-5196

HHH

Electronically Delivered
March 22, 2022

Administrator
Woodbury Villa
7008 Lake Road
Woodbury, MN 55125

RE: Project Number(s) SL30223015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on February 25, 2022, 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 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 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), 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 by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. 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 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 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 of the correction order receipt date.

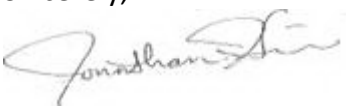
A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. 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

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
Health Regulation Division
State Evaluation Team
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P.O. Box 3879
St. Paul, MN 55101-3879
Email: jonathan.hill@state.mn.us
Telephone: 641-592-5119 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
	30223	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBURY VILLA	7008 LAKE ROAD WOODBURY, MN 55125

(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(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: SL30223015 On February 23, 2022, through February 25, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 75 (seventy-five) residents; 35 (thirty-five) receiving services under the provider's 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 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: (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 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 included document titled, Food and Beverage Establishment Inspection Report dated February 23, 2022, for the specific	0 480		

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0 480	Continued From page 2 Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all 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 residents). The findings include: On February 24, 2022, from approximately 10:15 a.m. to 11:30 a.m., survey staff toured the facility with the director of plant operations (DPO)-D and	0 800		

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0 800	Continued From page 3 the executive director in training (EDT)-E. During the facility tour, survey staff observed the following: 1. Fan was missing in the wellness room. Exercise equipment was present. 2. The closer was missing on the second-floor trash chute door. This is a rated assembly that requires a closer and latch. 3. The latch was missing on the first-floor trash chute door. This is a rated assembly that requires a closer and latch. 4. Ceiling tiles in the laundry room on the first floor are stained. 5. Ceiling tiles in the soffit of the exit stairwell are stained. EDT-E and DPO-D verbally confirmed survey staff observations during the facility tour. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
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;	0 810		

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0 810	Continued From page 4 (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 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 provide the required fire safety training and evacuation plans for residents. This has the potential to directly affect all 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 was issued at a widespread scope (when	0 810		

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0 810	Continued From page 5 problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all residents). The findings include: During the interview on February 24, 2022, at 11:45 a.m., the executive director in training (EDT)-E stated they had not completed an evacuation training for residents who are capable of assisting in their own evacuation. Review of Emergency Preparedness documentation showed no schedule or records on the training of residents who are capable of assisting in their own evacuation; on proper actions to take in the event of a fire or emergency for their safety including movement, evacuation, or relocation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 950 SS=F	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated	0 950		

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0 950	Continued From page 6 Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract included designation of representatives in writing, with the required statutory language for three of three residents (R3, R4, R5) with records reviewed. 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: R3's Assisted Living Contract, dated August 19,	0 950		

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0 950	Continued From page 7 2021, included the required verbatim notice for designation of representatives in writing, but this section of the contract had not been completed. R4's Assisted Living Contract, dated August 1, 2021, lacked the required verbatim notice for designation of representatives in writing. R5's Assisted Living Contract, dated August 1, 2021, lacked the required verbatim notice for designation of representatives in writing. On February 23, 2022, at approximately 2:00 p.m., licensed assisted living director (LALD)-B and executive director in training (EDIT)-E confirmed the contracts for R3, R4, and R5 lacked the required verbatim notice per statute, and they were not aware of this required notice. No policy was provided by licensee for the required notice. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		
0 970 SS=F	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.	0 970		

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0 970	Continued From page 8 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for resident health, safety, or personal property. This had the potential to affect all residents. 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: During the entrance conference on February 14, 2022, at approximately 11:00 a.m., the surveyor requested a copy of the facility's assisted living contract. The licensee's Assisted Living Contract included a section for Liability that read, "Provider is not liable to Resident...for any injury, death or property damage occurring in the Apartment Unit or on Provider's premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by Resident...Resident agrees to hold Provider harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Apartment Unit or on Provider's premises." On February 23, 2022, at approximately 2:00	0 970		

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0 970	Continued From page 9 p.m., licensed assisted living director (LALD)-B confirmed the licensee's assisted living contract included the above content, and stated the same contract was utilized for all residents at the facility. A policy on assisted living contract content was requested, but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not	01440		

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01440	Continued From page 10 performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure documentation of direct supervision of unlicensed personnel (ULP) for one of two employees (ULP-G) with employee records reviewed. 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: ULP-G was hired on September 29, 2021, to provide direct care under the assisted living with dementia care license. On February 24, 2022, at approximately 9:00 a.m., the surveyor observed ULP-G providing medication administration to residents of the licensee. On February 25, 2022, at approximately 10:00 a.m., registered nurse (RN)-A confirmed ULP-G's record lacked evidence the RN supervised ULP-G performing a delegated task. The licensee's Supervision of ULP policy, dated March 2021, indicated direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which	01440		

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01440	Continued From page 11 the individual begins working for the licensee and thereafter as needed, based on performance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to dispose of expired medication and document the disposition of expired medication for R2 with records reviewed.	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30223	A. BUILDING: _____ B. WING _____	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBURY VILLA	7008 LAKE ROAD WOODBURY, MN 55125

(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
01910	Continued From page 12 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: On February 24, 2022, at approximately 9:00 a.m., the surveyor observed R2's Tylenol Extra Strength 500 milligram (mg) in the medication storage cart, with an expiration date of 2021. R2's Physician Orders, dated December 8, 2021, listed Tylenol Extra Strength 500 (milligram) mg; take 1 tablet by mouth 3 times daily if needed. On February 24, 2022, at approximately 10:00 a.m., registered nurse (RN)-A confirmed the presence of the expired medication in the medication cart. The licensee's Medication and Treatment Policy, dated August 2021, directed expired medications managed by the provider be disposed according to the accepted practices of Minnesota Board of Pharmacy and the labels from the containers be destroyed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		

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

Type: Full
Date: *02/23/22*
Time: 14:25:18
Report: 1021221026

Food and Beverage Establishment Inspection Report

Location:
Woodbury Villa
7008 Lake Road
Woodbury, MN55125
Washington County, 82

Establishment Info:
ID #: 0038598
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6515012101
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.

2-300 Personal Cleanliness

2-301.12A ** Priority 1 **

MN Rule 4626.0070A Food employees must clean their hands and exposed portions of their arms for 20 seconds, using soap in a handwashing sink that is properly equipped.

OBSERVED EMPLOYEE CHANGE TASKS AND WASH THEIR HANDS WITH JUST WATER. FOOD EMPLOYEES MUST WASH THEIR HANDS WITH SOAP AND WATER FOR AT LEAST 20 SECONDS. COMPLY WITH RULE ABOVE.

Comply By: 02/23/22

3-500B Microbial Control: hot and cold holding

3-501.16A2 ** Priority 1 **

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

SLICED TOMATO, CUT LETTUCE AND SLICED CHEESE ARE KEPT OUT OF TEMPERATURE CONTROL AND FOOD ITEMS WERE FOUND ABOVE 41F . ESTABLISHMENT CAN USE TIME AS A TEMPERATURE CONTROL OR KEEP FOOD ITEMS UNDER MECHANICAL REFRIGERATION.

Comply By: 02/23/22

3-500E Microbial Control: time as a control

3-501.19A ** Priority 2 **

MN Rule 4626.0408A Develop written procedures prior to using time as a public health control for time/temperature control for safety food and maintain the procedures in the food establishment.

GREEN BEAN SALAD AND THE STRAWBERRY SHORTCAKE ARE KEPT OUT OF TEMPERATURE CONTROL. STAFF DISCARD FOOD ITEMS AT THE END OF SERVICE. DEVELOP PROCEDURES TO USE TIME AS A PUBLIC HEALTH CONTROL OR KEEP COLD FOOD ITEMS

UNDER REFRIGERATION.
Comply By: 02/23/22

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.

THE SANITIZER BUCKET WAS FOUND INSIDE THE HAND WASHING SINK IN THE DOWNSTAIRS KITCHEN. STAFF REMOVED SANITIZER BUCKET DURING INSPECTION. CORRECTED ON-SITE. MAKE SURE TO KEEP ALL HAND WASHING SINKS ACCESSIBLE DURING ALL HOURS OF OPERATION.
Comply By: 02/23/22

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

3-304.14B

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

QUATERNARY AMMONIUM (QUAT) CONCENTRATION IN DOWNSTAIRS KITCHEN SANI BUCKET MEASURED 50PPM. QUAT CONCENTRATION IN SANI BUCKET SHOULD MEASURE 200PPM-400PPM. WET WIPING CLOTHS STORED IN A CONTAINER WITH JUST WATER. SEE COMMENTS.
Comply By: 02/23/22

4-200 Equipment Design and Construction

4-204.112A

MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.

NO THERMOMETER IN THE DOWNSTAIRS REFRIGERATOR AND IN THE MINI FRIDGE. PROVIDE A THERMOMETER IN THE WARMEST PART OF THE REFRIGERATOR.
Comply By: 03/02/22

6-300 Physical Facility Numbers and Capacities

6-301.14

MN Rule 4626.1455 Remove the supply of individual disposable towels and hand soap from food preparation sinks, utensil washing sinks, and mop sinks.

THE DESIGNATED PREPARATION SINK IN THE UPSTAIRS KITCHEN CONTAINS A HAND SOAP DISPENSER, DISPOSABLE TOWEL DISPENSER, AND HAND WASHING SIGNAGE. COMPLY WITH RULE ABOVE.
Comply By: 02/25/22

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

HAND WASHING SINK IN DOWNSTAIRS KITCHEN IS MISSING A HAND WASHING SIGN THAT REMIND FOOD EMPLOYEES TO WASH HANDS BEFORE RETURNING TO WORK. PROVIDE AS DESCRIBED IN RULE ABOVE.

Comply By: 02/25/22

Surface and Equipment Sanitizers

Quaternary Ammonia: = 50PPM at Degrees Fahrenheit
Location: SANI BUCKET, DOWNSTAIRS KITCHEN
Violation Issued: Yes

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: THREE COMPARTMENT SINK
Violation Issued: No

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: SANI BUCKET, UPSTAIRS KITCHEN
Violation Issued: No

Final Utensil Surface Temp: = at 163 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: MILK - REFRIGERATOR, DOWNSTAIRS KITCHEN
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: SLICED CHEESE - REFRIGERATOR, DOWNSTAIRS KITCHEN
Violation Issued: No

Process/Item: Hot Holding
Temperature: 176 Degrees Fahrenheit - Location: TURKEY BURGERS - HOT HOLDING UNIT
Violation Issued: No

Process/Item: Hot Holding
Temperature: 142 Degrees Fahrenheit - Location: BEEF PATTY - HOT HOLDING UNIT
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: GREEN BEAN SALAD - FOOD CART
Violation Issued: No

Process/Item: Cooling
Temperature: 48 Degrees Fahrenheit - Location: SLICED TOMATO - FOOD CART TO FRIDGE COOLING <10MINS

Food and Beverage Establishment Inspection Report

Violation Issued: No

Process/Item: Re-Heating
Temperature: 197 Degrees Fahrenheit - Location: CAN OF SOUP - MICROWAVE FOR IMMEDIATE SERVICE
Violation Issued: No

Process/Item: Cold Holding
Temperature: 34 Degrees Fahrenheit - Location: POTATO & HAM SOUP - TRAULSEN 3 DOOR COOLER
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: HARD BOILED EGGS - TRAULSEN 3 DOOR COOLER

Violation Issued: No

Process/Item: Cold Holding
Temperature: 56 Degrees Fahrenheit - Location: CUT LETTUCE - TRAULSEN 3 DOOR COOLER, *DISCARDED
Violation Issued: Yes

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

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH DEB ZIELSDORF.

CONTINUATION OF MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

ONCE WIPING CLOTHS ARE WET, THEY NEED TO BE STORED IN AN APPROVED SANITIZER SOLUTION.

THE DOWNSTAIRS KITCHEN HAS LAMINATE COUNTERS, PAINTED DRYWALL, AND UNABLE TO VERIFY IF THE BASE CABINETS 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 1021221026 of 02/23/22.

Certified Food Protection Manager: CHRISTINE M. HASTINGS

Certification Number: FM83729 Expires: 04/25/22

Inspection report reviewed with person in charge and emailed.

Signed: _____
DEB ZIELSDORF
KITCHEN SUPERVISOR

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