Electronically Delivered

June 2, 2023

Licensee
Fridley Assisted Living LLC
6352 Central Avenue
Fridley, MN 55432

RE: Project Number(s) SL27981015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 19, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The 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 and enforcement actions 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction 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 reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for 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

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

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-281-9796

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27981	A. BUILDING: _____ B. WING _____	05/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIDLEY ASSISTED LIVING LLC	6352 CENTRAL AVENUE FRIDLEY, MN 55432

(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 the Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#27981015 On May 15, 2023, through May 17, 2023, 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 56 active residents; 56 receiving services under the Assisted Living/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 License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. 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 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 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 included document titled, Food and Beverage Establishment Inspection Report dated May 15, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies	0 680		

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0 680	Continued From page 2 temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, employees, and visitors to the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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:	0 680		

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0 680	Continued From page 3 On May 15, 2023, at 11:55 a.m., licensed assisted living director (LALD)-A provided a binder and indicated the contents were the licensee's EP plan. The licensee's EP plan dated September 16, 2022, lacked: -documentation of missing resident quarterly review; and -policies and procedures for volunteers. On May 16, 2023, at 1:10 p.m., LALD-A acknowledged the licensee's EP plan lacked the above listed required content, and was not aware of the required content of Appendix Z. The licensee's 2.28 Missing Resident policy dated August 1, 2021, indicated the licensee would review the missing resident plan at least quarterly and document any changes to the plan. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 780 SS=E	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity	0 780		

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0 780	Continued From page 4 of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnection of smoke alarms inside the one-bedroom resident units 1, 2, and 14. This has the potential to directly affect the residents in units 1, 2, and 14. 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly but is not found to be pervasive). The findings include: On May 17, 2023, approximately from 10:50 a.m. to 2:30 p.m., survey staff toured the facility with maintenance staff (M)-E. During the tour, the two	0 780		

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0 780	Continued From page 5 required smoke alarms located in each of the one-bedroom resident units 1, 2, and 14, were not interconnected. The findings were evident when the M-E tested the smoke alarms in each one-bedroom unit by activating the smoke alarms and each smoke alarm sounded local. The M-E confirmed the findings. On May 17, 2023, at approximately 3:15 p.m., during the exit interview, the M-E, the director of maintenance (DOM)-F, and the licensed assisted living director -A acknowledged the above findings. The DOM-F commented that they will have a contractor connect the two smoke alarms in each of those units. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 780		
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 physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect	0 800		

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0 800	Continued From page 6 the health, safety, and well-being of all residents, visitors, and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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 May 17, 2023, approximately from 10:50 a.m. to 2:30 p.m., survey staff toured the facility with maintenance staff (M)-E. During the tour, survey staff observed the following: 1. The exit gate for the small outdoor courtyard (located at the end of the facility next to resident room #40) had a padlock installed and was locked from the outside of the gate limiting the means of egress to a roadway. This was evident as the exit door inside of the facility showed an exit sign to exit or evacuate into the courtyard. 2. The small courtyard gate exit discharge (located at the end of the facility next to resident room #40) had a narrow grassy area that pitched toward a stormwater run-off ditch creating an unsafe means of egress and passageway to the roadway for exiting during an emergency. The finding was evident as the exit door inside of the building had a sign to exit or evacuate into the courtyard with the gate exiting to this narrow grassy area. 3. The exit gates for the large memory care outdoor courtyard were both padlocked limiting the means of egress. This finding was evident as the exit door inside of the facility showed a sign to	0 800		

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0 800	Continued From page 7 exit or evacuate into the courtyard. 4. Unlabeled extension cords were used in resident units 16, 27, and 28. The use of unlisted and unlabeled extension cords poses a potential electrical fire hazard from overloading the electrical circuits and is a safety concern to residents. Extension cords must be listed and labeled to UL 817. Multi-plug adapters must be listed to UL 498A. 5. The dryer exhaust ducts in the memory care laundry rooms were not tightly connected to the dryers. The findings were evident as there were gaps at the connecting points and heavy lint in the areas behind the dryers. 6. The lavatory drain inside the bathroom of resident room #40 failed to drain properly when the faucet was turned on. 7. The integral backflow preventer (atmospheric vacuum breaker) on the faucet of the service/mop sink was comprised as the backflow was missing a cap. This compromised backflow preventer poses concerns of the building water supply system from potential cross-connection. 8. The smoke alarms inside the resident rooms throughout the facility were not maintained as required to ensure smoke alarms did not exceed 10 years from the date of manufacture. Survey staff observed that the label on the back of a unit with a manufactured date stamp was November 2010. The above findings were verified by the M-E accompanying the facility tour. On May 17, 2023, at approximately 3:15 p.m., during the exit interview, the M-E, the director of maintenance (DOM)-F, the licensed assisted living director-A acknowledged the above findings. Survey staff explained during the exit interview that all exit discharge walks and exterior	0 800		

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0 800	Continued From page 8 walkways serving marked exit doors through the courtyards must be always maintained (all seasons) for safe means of egress to the roadway during an emergency. The DOM-F commented that they planned on installing magnetic locks for the courtyards to release on fire alarm and a paved walkway to the public way for the courtyard exit discharge. In addition, the DOM-F stated that they will replace all new smoke alarms inside the resident rooms. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		

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

Type: Full
Date: *05/15/23*
Time: 12:09:24
Report: 1029231109

Food and Beverage Establishment Inspection Report

Location:
Fridley Assisted Living Llc
6352 Central Avenue
Fridley, MN55432
Anoka County, 02

Establishment Info:
ID #: 0038048
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7635747366
ID #:

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

The following orders were issued during this inspection.

4-600 Cleaning Equipment and Utensils

4-602.11E

MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.

Dark buildup in ice machine. Instructed establishment to clean and maintain clean.

Comply By: 05/15/23

Surface and Equipment Sanitizers

chlorine: = 150 ppm at Degrees Fahrenheit
Location: dishwasher
Violation Issued: No

quaternary ammonium: = 200 ppm at Degrees Fahrenheit
Location: dispenser
Violation Issued: No

Food and Equipment Temperatures

Process/Item: green beans
Temperature: 181 Degrees Fahrenheit - Location: hot holding
Violation Issued: No

Type: Full
Date: *05/15/23*
Time: 12:09:24
Report: 1029231109
Fridley Assisted Living Llc

Food and Beverage Establishment Inspection Report

Process/Item: noodles
Temperature: 172 Degrees Fahrenheit - Location: hot holding
Violation Issued: No

Process/Item: meat sauce
Temperature: 175 Degrees Fahrenheit - Location: hot holding
Violation Issued: No

Process/Item: heavy cream
Temperature: 37 Degrees Fahrenheit - Location: 2-door Maximum upright cooler - 1
Violation Issued: No

Process/Item: milk
Temperature: 40 Degrees Fahrenheit - Location: 2-door Maximum upright cooler - 2
Violation Issued: No

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

Conducted inspection of food services area as part of a Health Regulation Division ("HRD") survey.

Conducted inspection in the presence of Anthony Avant, Kitchen Manager - CFPM, and other kitchen staff. Topics discussed with Anthony included highly susceptible populations, employee illness reporting and exclusion procedures, vomit/fecal matter cleanup, sanitizing, common contagious foodborne illness pathogens (e.g., salmonella, shigella, Shiga toxin-producing E. coli, hepatitis A virus, and norovirus), hygienic practices (e.g., handwashing), and general food safety practices (e.g., holding temperatures at or below 41°F and 135°F or above for TCS foods).

Kitchen was commercial in nature and in good condition.

Inspection findings were conveyed to Lead HRD Surveyor, Carl Samrock, RN, CNOR, following the 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 1029231109 of 05/15/23.

Certified Food Protection Manager: Anthony P. Avant

Certification Number: FM94796 Expires: 08/24/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Ann Marie Maciej
Director

Signed: _____
Trevor McCliment
Public Health Sanitarian
Metro District Office
651-201-3957

Food and Beverage Establishment Inspection Report

trevor.mccliment@state.mn.us

Report #: 1029231109

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	05/15/23
No. of Repeat RF/PHI Categories Out	0	Time In	12:09:24
Legal Authority MN Rules Chapter 4626		Time Out	

	Address	City/State	Zip Code	Telephone
Fridley Assisted Living Llc	6352 Central Avenue	Fridley, MN	55432	7635747366

License/Permit #	Permit Holder	Purpose of Inspection	Est Type	Risk Category
0038048		Full		

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		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)  **Date:** 05/15/23

Inspector (Signature)