



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

September 10, 2026

Licensee  
Scott Care Home Inc  
5742 West 143rd Street  
Savage, MN 55378

RE: Project Number(s) SL39374016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 12, 2026, 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.

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](mailto:Jodi.Johnson@state.mn.us)

Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SCOTT CARE HOME INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5742 WEST 143RD STREET<br/>SAVAGE, MN 55378</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                     |
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| 0 000                                                          | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95, these correction orders are<br/>issued pursuant to a survey.</p> <p>Determination of whether violations are corrected<br/>requires compliance with all requirements<br/>provided at the Statute number indicated below.<br/>When Minnesota Statute contains several items,<br/>failure to comply with any of the items will be<br/>considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL39374016-0</p> <p>On August 10, 2026, through August 12, 2026,<br/>the Minnesota Department of Health conducted a<br/>full survey at the above provider and the following<br/>correction orders are issued. At the time of the<br/>survey, there were three residents; three<br/>receiving services under the Assisted Living<br/>Facility license.</p> | 0 000                                                                  | <p>Minnesota Department of Health is<br/>documenting the State Correction Orders<br/>using federal software. Tag numbers have<br/>been assigned to Minnesota State<br/>Statutes for Assisted Living Facilities. The<br/>assigned tag number appears in the<br/>far-left column entitled "ID Prefix Tag." The<br/>state Statute number and the<br/>corresponding text of the state Statute out<br/>of compliance is listed in the "Summary<br/>Statement of Deficiencies" column. This<br/>column also includes the findings which<br/>are in violation of the state requirement<br/>after the statement, "This Minnesota<br/>requirement is not met as evidenced by."<br/>Following the evaluators' findings is the<br/>Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF<br/>THE FOURTH COLUMN WHICH<br/>STATES,"PROVIDER'S PLAN OF<br/>CORRECTION." THIS APPLIES TO<br/>FEDERAL DEFICIENCIES ONLY. THIS<br/>WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO<br/>SUBMIT A PLAN OF CORRECTION FOR<br/>VIOLATIONS OF MINNESOTA STATE<br/>STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS<br/>USED FOR TRACKING PURPOSES AND<br/>REFLECTS THE SCOPE AND LEVEL<br/>ISSUED PURSUANT TO 144G.31<br/>SUBDIVISION 1-3.</p> |  |                                                     |
| 0 480<br>SS=F                                                  | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum<br>requirements; required food services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0 480                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                     |

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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| 0 480                                                          | Continued From page 1<br><br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(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;<br>(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;<br>(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;<br>(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;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are | 0 480                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 480                                                          | <p>Continued From page 2</p> <p>allowed provided the facility keeps them clean and in good condition;<br/>(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<br/>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 11, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> | 0 480                                                                                       |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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|                                                                | TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                                          |  |                                                     |
| 01620<br>SS=D                                                  | <b>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</b><br><br>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.<br>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.<br>(c) Resident reassessment and monitoring must be conducted by a registered nurse:<br>(1) no more than 14 calendar days after initiation of services;<br>(2) as needed based on changes in the resident's needs; and<br>(3) at least every 90 calendar days.<br>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.<br>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision | 01620                                                                  |                                                                                                                          |  |                                                     |

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| 01620                                                          | <p>Continued From page 4</p> <p>9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive reassessment not to exceed 90 calendar days from the last assessment, for one of one resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1's diagnoses included major depressive disorder, generalized anxiety disorder, and attention deficit hyperactivity disorder.</p> | 01620                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01620                                                          | <p>Continued From page 5</p> <p>R1's service plan effective March 29, 2026, indicated R1 received services including medication administration, medication set-up, housekeeping, laundry, behavior management, socialization, shopping assistance, and assistance with bathing and grooming.</p> <p>R1's last three assessments were requested. Assessments completed January 7, 2026, April 13, 2026, and July 4, 2025, were provided. 96 days had passed between the January and April assessments, thus exceeding 90 calendar days.</p> <p>On August 11, 2026, at 11:02 a.m., clinical nurse supervisor (CNS)-C stated R1's April 2026, assessment had not been completed within 90 days as required.</p> <p>The licensee's Assessment and Reassessment policy effective March 7, 2023, indicated:<br/>8. Ongoing resident reassessments must be conducted by an RN and cannot exceed 90 days from the last date of assessment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p> | 01620                                                                  |                                                                                                                          |  |                                                     |
| 01750<br>SS=F                                                  | <p>144G.71 Subd. 7 Delegation of medication administration</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:<br/>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 01750                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SCOTT CARE HOME INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5742 WEST 143RD STREET<br/>SAVAGE, MN 55378</b>                              |  |                                                     |
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| 01750                                                          | <p>Continued From page 6</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure delegated procedures were followed for one of one resident (R4) observed during medication administration.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R4's diagnoses included diabetes.</p> <p>R4's service plan effective July 30, 2026, indicated services included medication administration.</p> <p>R4's medication administration record (MAR) dated August 2026, included the following orders:</p> <ul style="list-style-type: none"><li>- Insulin Aspart Inject 15 units three times daily subcutaneously (under the skin) with meals; hold it if not eating.</li><li>- Lantus (insulin) Inject 56 units subcutaneously twice daily.</li></ul> | 01750                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01750                                                          | <p>Continued From page 7</p> <p>On August 11, 2026, at 8:02 a.m., the surveyor observed unlicensed personnel (ULP)-D preparing R4's NovoLog insulin aspart pen for administration. ULP-D removed the cap, obtained an alcohol wipe, and swabbed the end of the insulin pen prior to applying the needle. Once the needle was applied to the pen, ULP-D then dialed the insulin pen to the prescribed dosage. ULP-D did not prime the insulin pen with two units to remove any air prior to dialing the dosage. ULP-D then repeated the same procedure with R4's Lantus insulin pen, and again, did not prime the insulin pen with two units prior to dialing the dosage. The surveyor asked ULP-D if she ever primed the insulin pens prior to dialing the prescribed dosage. ULP-D stated she would only do this with a new insulin when first opened prior to administering the first dose.</p> <p>On August 11, 2026, at 10:59 a.m., clinical nurse supervisor (CNS)-C stated insulin pens are only primed when first opened as they don't want to "waste" the resident's insulin. CNS-C further stated knowing that in other healthcare settings priming an insulin pen prior to administration was expected, though was not doing that in this setting.</p> <p>The NovoLog (insulin aspart) manufacturer's package insert revised February 2023, indicated: NovoLog (insulin aspart) Injection FlexPen Instructions For Use<br/>Giving the airshot before each injection. Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing:<br/>E. Turn the dose selector to select 2 (two) units.<br/>F. Hold your NovoLog FlexPen with the needle pointing up. Tap the cartridge gently with your finger a few times to make any air bubbles collect</p> | 01750                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01750                                                          | <p>Continued From page 8</p> <p>at the top of the cartridge.<br/>G. Keep the needle pointing upwards, press the push-button all the way in. The dose selector returns to 0 (zero). A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than 6 (six) times. If you do not see a drop of insulin after 6 times do not sue the NovoLog FlexPen.</p> <p>The Lantus SoloStar (insulin glargine) manufacturer package insert revised May 2025, indicated:<br/>Instructions For Use<br/>Step 3: Do a safety test<br/>Always do a safety test before each injection to:</p> <ul style="list-style-type: none"><li>- Check your pen and the needle to make sure they are working properly.</li><li>- Make sure that you get the correct LANTUS dose.</li></ul> <p>3A. Select 2 units by turning the dose selector until the dose pointer is at the 2 mark.<br/>3B. Press the injection button all the way in. When insulin comes out of the needle tip, your pen is working correctly:<br/>If no Insulin appears:</p> <ul style="list-style-type: none"><li>- You may need to repeat this step up to 3 (three) times before seeing insulin.</li><li>- If no insulin comes out after the third time, the needle may be blocked. If this happens:<ul style="list-style-type: none"><li>- change the needle</li><li>- then repeat the safety test</li></ul></li></ul> <p>Do not use your pen if there is still no insulin coming out of the needle tip. Use a new pen.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01750                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01890                                                          | Continued From page 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01890                                                                                       |                                                                                                                          |  |                                                        |
| 01890<br>SS=D                                                  | <p><b>144G.71 Subd. 20 Prescription drugs</b></p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label and included the date opened of a time-sensitive drug for one of one resident (R1) receiving insulin.</p> <p>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).</p> <p>The findings include:</p> <p>R4's diagnoses included diabetes.</p> <p>R4's service plan effective July 30, 2026, indicated services included medication administration.</p> <p>R4's medication administration record (MAR) dated August 2026, included the following orders:<br/>- Insulin Aspart Inject 15 units three times daily</p> | 01890                                                                                       |                                                                                                                          |  |                                                        |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SCOTT CARE HOME INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5742 WEST 143RD STREET<br/>SAVAGE, MN 55378</b>                              |  |                                                     |
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| 01890                                                          | <p>Continued From page 10</p> <p>subcutaneously (under the skin) with meals; hold it if not eating.</p> <p>- Lantus (insulin) Inject 56 units subcutaneously twice daily.</p> <p>On August 11, 2026, at 8:02 a.m., the surveyor observed unlicensed personnel (ULP)-D preparing R4's opened NovoLog insulin aspart pen and Lantus SoloStar insulin pens for administration. Neither pen included an original prescription label or a date when opened.</p> <p>On August 11, 2026, at 10:59 a.m., the surveyor and clinical nurse supervisor (CNS)-C observed R4's open insulin pens in the locked medication cabinet. CNS-C stated the insulin pens did not include a prescription label and should have. CNS-C further stated they did not date the pens when opened as R4 utilized them so fast that they never reached the expiration date.</p> <p>The licensee's Storage/Control of Medications policy effective March 7, 2023, indicated:</p> <p>10. Prescription drugs, prior to being set up for immediate or later administration, must be kept in the original container(s) in which they were dispensed by the pharmacy bearing the original prescription label with legible information.</p> <p>1. The medication is labeled completely and legibly. The medication label should contain the following.</p> <ul style="list-style-type: none"><li>a. Prescription number and name of medication</li><li>b. Strength and quantity</li><li>c. Expiration date for time-dated drugs</li><li>d. Directions for use</li><li>e. Resident's name</li><li>f. Prescriber's name</li><li>g. Date issued</li><li>h. Name and address of licensed pharmacy</li></ul> | 01890                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01890                                                          | <p>Continued From page 11</p> <p>issuing the medication</p> <p>The NovoLog (insulin aspart) manufacturer's package insert revised February 2023, indicated NovoLog FlexPen insulin expires 28 days after opening.</p> <p>The Lantus SoloStar (insulin glargine) manufacturer package insert revised May 2025, indicated Lantus SoloStar Pen expires 28 days after opening.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01890                                                                                       |                                                                                                                          |  |                                                        |



Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

Scott Care Home Inc  
5472 WEST 143RD STREET  
Savage, MN 55378  
Scott County  
Parcel:  
  
Phone:

### License Info

License: HFID 39374  
  
Risk:  
License:  
Expires on:  
CFPM: Deego Qanyare  
CFPM #: FM122376; Exp: 3/1/2027

### Inspection Info

Report Number: F1047261199  
Inspection Type: Full - Single  
Date: 8/11/2026 Time: 11:30 am  
Duration: minutes  
Announced Inspection:  
Total Priority 1 Orders: 1  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 0  
Delivery:

### ! New Order: 4-700 Sanitizing Equipment and Utensils

4-703.11B Priority Level: Priority 1 CFP#: 16

*MN Rule 4626.0905B* Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

COMMENT: THERMOMETER TEMPERATURE MEASURED 156F AFTER RUNNING THE DISHWASHER TWICE.  
MACHINE CANNOT BE USED TO SANITIZE DISHES UNTIL IS IS CONSISTENTLY REACHING 160F.

Comply By: 8/11/2026 Originally Issued On: 8/11/2026

## Food & Beverage General Comment

The inspection was completed with the operator and reviewed with MDH Nurse Evaluator W. Buckholz.

The establishment has a residential kitchen and serves food that is prepared that day. The kitchen has solid cabinets, laminate floor, painted walls, solid counter top, and a painted ceiling.

A two basin sink is located in the kitchen. One sink basin is designated for hand washing. A residential dish machine is located in the kitchen.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, and food handling procedures.

**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 Metro District Office inspection report number F1047261199 from 8/11/2026**

Deego Qanyare  
Operator

Holly Sievers,  
Public Health Sanitarian 3  
651-201-5946  
holly.sievers@state.mn.us



Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164

## Temperature Observations/Recordings

Page: 1

### Establishment Info

Scott Care Home Inc  
Savage  
County/Group: Scott County

### Inspection Info

Report Number: F1047261199  
Inspection Type: Full  
Date: 8/11/2026  
Time: 11:30 am

**Food Temperature:** **Product/Item/Unit:** Butter; **Temperature Process:** Cold-Holding

**Location:** Refrigerator at 39 Degrees F.

Comment:

*Violation Issued?: No*



Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Inspection Info

Scott Care Home Inc  
Savage  
County/Group: Scott County

Report Number: F1047261199  
Inspection Type: Full  
Date: 8/11/2026  
Time: 11:30 am

**Sanitizing Equipment:** Product: Hot Water; **Sanitizing Process:** Dish Machine  
**Location:** Kitchen **Equal To** 156 Degrees F.  
Comment:  
*Violation Issued?: Yes*