Electronically Delivered

July 18, 2025

Licensee
Oak Park Senior Living
13936 Lower 59th Street North
Oak Park Heights, MN 55082

RE: Project Number(s) SL28227016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 15, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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

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

If you have any questions, please contact me.

Sincerely,

Renee L. Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28227	A. BUILDING: _____ B. WING _____	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK SENIOR LIVING	13936 LOWER 59TH STREET NORTH OAK PARK HEIGHTS, MN 55082

(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 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: SL #28227016-0 On May 12, 2025, through May 15, 2025, 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 134 residents, 96 of whom were receiving services under the provider's Assisted Living Facility with Dementia Care 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 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 pursuant to 144G.31 Subd. 1, 2 and 3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter	0 480		

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0 480	Continued From page 1 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part	0 480		

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0 480	Continued From page 2 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 13, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		

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0 510	Continued From page 3	0 510		
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control. The licensee failed to ensure direct care staff appropriately gloved and performed adequate hand hygiene (HH) for one of five employees (unlicensed personnel (ULP)-C). 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 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-C was hired July 23, 2019, to provide direct	0 510		

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0 510	Continued From page 4 cares for the licensee's residents. On May 12, 2025, at 12:12 p.m., ULP-C and ULP-I were observed assisting R4 with toileting. ULP-C performed HH with sanitizing gel, donned gloves, placed a transfer belt on R4 and assisted R4 to a standing position. ULP-C removed R4's soiled brief and threw it into a trash container. ULP-C wiped R4's perineal area and buttocks with cleansing wipes, applied a barrier cream to R4's buttocks, placed a clean incontinent brief and pulled up R4's pants. ULP-C and ULP-I assisted R4 in transferring to R4's reclining chair and ULP-I removed the transfer belt from R4's waist. Without performing HH or changing gloves, ULP-C removed R4's shirt. Without performing HH or changing gloves, ULP-C wet a washcloth and wiped R4's face and back with the cloth. ULP-C placed the washcloth in R4's bathroom and without performing HH or changing gloves, returned to assist R4 with putting on a clean shirt. ULP-C removed R4's trash bag from the garbage container, left R4's apartment, walked down the facility hallway and threw the garbage into the facility trash receptacle. ULP-C returned to R4's apartment and without performing HH or donning clean gloves, ULP-C placed a new garbage bag into the garbage container and handed R4 the remote control to the television. ULP-C removed the soiled gloves and threw them into a different garbage container located near the door of R4's apartment. ULP-C left R4's apartment and without performing HH, walked down the hallway to the dining area. Without performing HH, ULP-C took R5 by the hand and escorted them to their apartment. R5 requested to return to the common area instead of staying in their apartment, and ULP-C led R5 by the hand back to a chair in the common area. Without performing HH, ULP-C poured a cup of coffee, handed the cup to R5 and	0 510		

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0 510	Continued From page 5 turned on a movie for R5 to watch. On May 12, 2025, at 1:05 p.m., ULP-C stated they had been trained by the registered nurse on infection control and had been trained to wash hands and change gloves "all the time" when providing cares. ULP-C stated they had gotten busy and "forgot" to properly perform HH and change gloves when assisting R4 and R5. On May 12, 2025, at 3:22 p.m., vice president of clinical support, registered nurse (RN)-G stated the ULP were trained to wash hands and change gloves after every task. ULP-C's record contained the licensee's 8.09 Hand Washing policy, dated August 1, 2021, and signed by ULP-C on October 2, 2023. The policy indicated hand washing would be performed after changing incontinent briefs and after touching garbage. The policy further indicated hand washing would be performed between tasks and procedures to prevent cross-contaminations. The licensee's 8.01 Infection Control policy, dated August 1, 2021, indicated the licensee's infection control program was consistent with current guidelines from the Centers for Disease Control and Prevention (CDC). The CDC guidance titled CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings dated April 12, 2024, indicated healthcare personnel (HCP) should perform HH immediately before touching a patient (resident), after touching a patient or the patient's immediate environment and immediately after glove removal. No further information was provided.	0 510		

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0 510	Continued From page 6 TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities;	02170		

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02170	Continued From page 7 (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct an evaluation for activities that addressed all required elements and failed to develop an individualized activity plan based on the evaluation for four of four residents (R2, R3, R4, R6). 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: The licensee had an Assisted Living with Dementia Care license effective August 1, 2021. R2, R3, R4, and R6 were admitted to the licensee on September 25, 2023, July 13, 2023, July 7, 2023, and May 2, 2024, respectively, and resided in the licensee's secured dementia care facility. R2's diagnoses included cognitive impairment due to multiple sclerosis. R3's diagnoses included mild cognitive impairment of uncertain or unknown etiology. R4's diagnoses included Parkinson's like neurodegeration (progressive disorder that is	02170		

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02170	Continued From page 8 caused by degeneration of nerve cells in the part of the brain). R6's diagnoses included malignant neoplasm of prostate. R2, R3, R4, and R6's medical records each included a document titled Resident Activity/History Assessment, dated August 28, 2024, August 23, 2024, May 13, 2025 and undated, respectively. The evaluation lacked the following required elements: -current abilities and skills; -emotional and social needs and patterns; -physical abilities and limitations; -adaptations necessary for the resident to participate; and -identification of activities for behavioral interventions. On May 14, 2025, at 11:55 a.m., activities director (AD)-H stated the Resident Activity/History Assessment was the current evaluation form being used to identify resident activity preferences. AD-H stated the form did not specifically address all the required elements and "could use some updating." The licensee's 3.05 "ALDC Life Enrichment Programs, Activities & Outdoor Space" policy, dated August 1, 2021, included, "3. Each resident must be evaluated for activities of interest according to the licensing rules of the facility and must address the following: -past and current interests; -current abilities and skills; -emotional and social needs and patterns; -physical abilities and limitations; -adaptations necessary for the resident to participate, and	02170		

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02170	Continued From page 9 -identification of activities for behavioral interventions." Additionally, the policy indicated, "4. An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02170		
02180 SS=D	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (e) Behavioral symptoms that negatively impact the resident and others in the assisted living facility with dementia care must be evaluated and included on the service or care plan. The staff must initiate and coordinate outside consultation or acute care when indicated. (f) Support must be offered to family and other significant relationships on a regularly scheduled basis but not less than quarterly. (g) Existing housing with services establishments registered under chapter 144D prior to August 1, 2021, that obtain an assisted living facility license must provide residents with regular access to outdoor space. A licensee with new construction on or after August 1, 2021, or a new licensee that was not previously registered under chapter 144D prior to August 1, 2021, must provide regular access to secured outdoor space on the premises of the facility. A resident's access to outdoor space must be in accordance with the resident's documented care plan. This MN Requirement is not met as evidenced by:	02180		

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02180	Continued From page 10 Based on interview and record review, the licensee failed to ensure behavioral symptoms identified were addressed on the service plan for one of one resident (R3). 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: The licensee had an Assisted Living with Dementia Care license effective August 1, 2021. R3's diagnoses included "mild cognitive impairment of uncertain or unknown etiology". R3's Service Plan, dated July 22, 2024, indicated R3 received services including assistance with bathing and medication administration. The service plan lacked any identified behaviors or interventions. R3's record included a nursing assessment, dated April 15, 2025, that indicated R3 had dementia and exhibited anxiety behaviors. On May 13, 2025, at 8:00 a.m., unlicensed personnel (ULP)-F was observed assisting R3 with showering. ULP-F stated R3 could become anxious with cares and the nurse could be called if needed. R3 appeared anxious throughout the shower, repeatedly stating "I can't do it," and "my hair is wet."	02180		

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02180	Continued From page 11 On May 14, 2025, at 12:25 p.m., regional licensed practical nurse (LPN)-J stated R3's record lacked any specific monitoring for behaviors and any specific interventions for staff to utilize with behaviors. LPN-J stated the ULP would "normally call a nurse" for direction if a resident were exhibiting unmanageable behaviors. -at 12:28 p.m., vice president of clinical support, registered nurse (RN)-G stated there was not currently a process to address behaviors on the residents' service plan or care plan and the licensee was working on "fixing that." The licensee's 3.02 ALDC Behavioral Symptoms, Interventions & Nonpharmacological Approaches policy, dated August 1, 2021, indicated the licensee would "identify behavioral symptoms that negatively impact other residents and others in the assisted living facility and evaluate to determine potential interventions to minimize such behaviors. Interventions will be identified on the care plan or service plan." The policy lacked wording to include identifying behavioral symptoms that negatively impacted the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02180		

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

Establishment Info

Oak Park Senior Living
13936 Lower 59th Street North
Oak Park Heights, MN 55082
Washington County
Parcel:

Phone:
jont@southviewcommunities.com

License Info

License: HFID 28227

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1031251017
Inspection Type: Full - Single
Date: 5/13/2025 Time: 9am
Duration: 120 minutes
Announced Inspection: Yes
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 4
Delivery: Emailed

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: MILK ON COUNTER IN WEST MEMORY CARE UNIT MEASURED 58F.

MILK DISCARDED.

KEEP ALL TCS ITEMS IN COLD HOLDING AT ALL TIMES.

MONITOR TEMPERATURES.
Comply By: 5/13/2025 Originally Issued On: 5/13/2025

New Order: 4-200 Equipment Design and Construction
4-201.11AMN *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.
COMMENT: REPEAT VIOLATION FROM 8/2/2023

REFRIGERATION UNITS IN ALL MEMORY CARE UNITS ARE NOT ANSI APPROVED.

REPLACE RESIDENTIAL REFRIGERATORS WITH APPROVED EQUIPMENT.

APPROVED EQUIPMENT DOC SENT WITH REPORT.
Comply By: 5/13/2025 Originally Issued On: 5/13/2025

New Order: 4-400 Equipment Location and Installation
4-402.11A *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.
COMMENT: THE FOLLOWING AREAS HAVE SILICONE THAT IS LOOSE, DAMAGED, MISSING, OR CONTAMINATED:

1. ALL HANDSINKS IN KITCHEN.
NOTE: HANDSINK IN PREP AREA SHOULD BE INSTALLED AND SILICONED TIGHT TO LEFT WALL, AS DISCUSSED ON SITE.

2. CLEAN AND SOIL TABLES.

3. PREP SINK TABLE.

4. DINING AREA DUMP SINK.

5. BETWEEN HOOD AND BACKSPLASH PANELS (FILL MISSING SPOTS ONLY OR REPLACE ALL).

REMOVE OLD SILICONE, CLEAN AREA, AND REDO SILICONE. USE 100% SILICONE SEALANT ONLY.
Comply By: 6/3/2025 Originally Issued On: 5/13/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.11 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1515 Maintain the physical facilities in good repair.
COMMENT: 1. WALLS BEHIND 2-COMP SINK IN MULTIPLE MEMORY CARE UNITS SHOWING SIGNS OF WEAR/WATER DAMAGE.
REPAIR WALL AND SILICONE AS NEEDED IN SINK AREAS.
RECOMMENDED: COVER WALLS BEHIND/AROUND SINKS IN FRP OR SIMILAR.

2. FRP ON 5" WALL BY COOK LINE IS COMING OFF WALL.
REATTACH FRP TO WALL.

3. FRP CORNER GUARDS ON 5" WALL BY COOK LINE AND BY DISH AREA ARE DAMAGED.
REPLACE CORNER GUARDS.

4. SOME TILES IN DRY STORAGE ARE CRACKED.
REPAIR OR REPLACE TILES.
Comply By: 5/13/2025 Originally Issued On: 5/13/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT: CEILING VENT, GRID, AND CEILING PANELS ABOVE PREP AREA HAVE DEPOSITS OF DIRT/DEBRIS.

CLEAN CEILING ABOVE PREP AREA.
Comply By: 6/3/2025 Originally Issued On: 5/13/2025

Food & Beverage General Comment

Nurse evaluator on site: Tammy Carlson

Establishment has full commercial kitchen.

**Memory care units have 2-comp sinks. Designate which basin will be used for handwashing in each memory care unit.

All violations discussed with PIC prior to leaving site.

Discussed:
- Organization
- Cooling and reheating process
- Pest control: Plunkets
- Facility upkeep

Walk-in cooler walls and door and knife area (above prep table) showing signs of wear. Scrape and repaint or replace FRP if deterioration continues or paint begins to flake/chip.

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 F1031251017 from 5/13/2025

Chelsea Rahe
Kitchen Manager

Chris Foster, REHS/RS
Public Health Sanitarian 3
651-201-4728
chris.j.foster@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Oak Park Senior Living
Oak Park Heights
County/Group: Washington County

Inspection Info

Report Number: F1031251017
Inspection Type: Full
Date: 5/13/2025
Time: 9am

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Counter at 58 Degrees F.
Comment: West Memory Care
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Soup**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 34 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Ambient**; Temperature Process:** N/A
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Residential Refrigerator at 40 Degrees F.
Comment: South Memory Care
Violation Issued?: No

Food Temperature: Product/Item/Unit: OJ**; Temperature Process:** Cold-Holding
Location: Residential Refrigerator at 36 Degrees F.
Comment: West Memory Care
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Residential Refrigerator at 38 Degrees F.
Comment: Willows 1 Memory Care
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Residential Refrigerator at 38 Degrees F.
Comment: Willows 2 Memory Care
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

Oak Park Senior Living
Oak Park Heights
County/Group: Washington County

Inspection Info

Report Number: F1031251017
Inspection Type: Full
Date: 5/13/2025
Time: 9am

Sanitizing Equipment: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: 3-Comp Sink **Equal To** 300 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Cook Line **Equal To** 300 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 167 Degrees F.
Comment:
Violation Issued?: No