Electronically Delivered

October 16, 2025

Licensee
Empowerment Healthcare
924 Viceroy Drive Northeast
Spring Lake Park, MN 55432

RE: Project Number(s) SL31788016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 23, 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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31788	A. BUILDING: _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMPOWERMENT HEALTHCARE	924 VICEROY DRIVE NE SPRING LAKE PARK, 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 Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL31788016 On September 22, 2025, through September 23, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were three residents; all receiving services under the Assisted Living Facility 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 issued 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	0 480		

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

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 23, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=D	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of Minnesota State Fire Code Rules, Chapter 7511. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: On September 23, 2025, at 12:50 p.m., the surveyor toured the facility with maintenance (M)-E. During the facility tour, the surveyor observed the following: - There was a hole in the garage wall between the occupied assisted living dwelling unit and the attached garage. The fire-resistant drywall between the assisted living dwelling unit and attached garage shall be maintained free of holes and sealed to prevent the passage of smoke or	0 775		

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0 775	Continued From page 4 fire from one side of the wall to the other. - There was an empty bracket on the ceiling for a hardwired smoke alarm outside the resident sleeping rooms on the main floor. Hard-wired smoke alarms shall be maintained where installed with the same type of power supply. During the facility tour interview, M-E verified the above listed observations. On September 23, 2025, at approximately 1:45 p.m., the surveyor toured the exterior of facility with licensed assisted living director (LALD)-A. During the exterior facility tour, the surveyor observed three burnt cigarettes had been disposed of on the lawn in the designated smoking area in the backyard. A metal bucket containing water was provided for smoking material disposal. During the facility tour interview, LALD-A verified the above listed observations. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 810 SS=D	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar	0 810		

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0 810	Continued From page 5 emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to develop the fire safety and evacuation plan with required content. 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).	0 810		

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0 810	Continued From page 6 The findings include: On September 23, 2025, licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation indicated the licensee failed to develop the FSEP with site specific employee procedures relative to the facility's building layout and environmental risks. The 4.7 fire emergency internal and external employee procedures were a template from a third party provider. During an interview on September 23, 2025, at 2:00 p.m., LALD-A verified this part of the FSEP required revision. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of	01060		

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01060	Continued From page 7 Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (R2). This practice resulted in a level two violation (a	01060		

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01060	Continued From page 8 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: R2 started receiving services on September 9, 2020. R2's record indicated R2 went to the emergency room on September 16, 2025, and was initially kept on a 72-hour hold. On September 19, 2025, a petition for commitment had been supported and as of September 23, 2025, R2 had not returned to the facility. R2's record lacked a written notice provided to R2 including: - the name and contact information for the location to which the resident has been relocated and any new service provider - contact information for the Office of Ombudsman for Long-Term Care - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. R2's record lacked notification to the Office of	01060		

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01060	Continued From page 9 Ombudsman for Long-Term Care that the resident had been relocated and had not returned to the facility within four days. On September 22, 2025, at 11:30 a.m., clinical nurse supervisor (CNS)-B stated she thought the notice needed to go out to the Ombudsman at day 5 and did not send the notice to R2 initially and had not sent a notice to the Ombudsman yet either. The licensee's undated Contract Termination/Emergency Relocation policy indicated this facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation (2) the name and contact information for the location to which the resident has been relocated and any new service provider (3) contact information for the Office of Ombudsman for Long-Term Care (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility will provide contact information for the agency to which the resident may submit an appeal. (6) The notice required will be delivered as soon	01060		

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01060	Continued From page 10 as practicable to: a) the resident, legal representative, and designated representative b) for residents who receive home and community-based waiver services under the resident's case manager; and c) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and	01940		

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01940	Continued From page 11 (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to include a written statement of a treatment service on the resident's service plan for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was admitted on May 3, 2018. R1's Treatment Plan dated June 2025, indicated R1 received assistance with a c-pap (continuous positive airway pressure) machine. R1's Service Plan dated June 1, 2025, lacked identification of treatment services related to R1's c-pap machine.	01940		

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EMPOWERMENT HEALTHCARE	924 VICEROY DRIVE NE SPRING LAKE PARK, 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
01940	Continued From page 12 On September 23, 2025, at 8:30 a.m. clinical nurse supervisor (CNS)-B stated the c-pap machine assistance should have been on the service plan and it was accidently removed. The licensee's undated Individualized Treatment and Therapy Management Plan policy indicated our home care staff will provide ordered or prescribed treatment and therapy services. Your treatment and therapy management plan will be reviewed periodically and modified as needed. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01940		

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

EMPOWERMENT HEALTHCARE
924 VICEROY DRIVE NE
Spring Lake Park, MN 55432
Anoka County
Parcel:

Phone:

License Info

License: HFID 31788

Risk:
License:
Expires on:
CFPM: ELIZABETH SANBORN
CFPM #: 21517; Exp: 6/9/2028

Inspection Info

Report Number: F1029251209
Inspection Type: Full - Single
Date: 9/23/2025 Time: 11:00:56 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 3
Total Priority 2 Orders: 2
Total Priority 3 Orders: 7
Delivery:

New Order: 2-100 Supervision
2-102.12DMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033D Post the certified food protection manager certificate.
COMMENT: PHOTOCOPY OF MN CFPM CERTIFICATE POSTED. CFPM IS CFPM AT ONE OTHER ESTABLISHMENT WITHIN 60 MILES. OFFICIAL CFPM CERTIFICATE AND DUPLICATE CAN BE POSTED TO ACCOMMODATE BOTH LOCATIONS. (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)
Comply By: 10/10/2025 Originally Issued On: 9/23/2025

! **New Order: 3-100 Food Characteristics: unadulterated**
3-101.11 *Priority Level: Priority 1 CFP#: 13*
MN Rule 4626.0125 Remove all unsafe and adulterated foods from the premises.
COMMENT: OPENED JAR OF TOMATO SAUCE WITH WHITE SLIME PATCHES (SLIME MOLDS AND/OR CFUs) AND OPENED BAG OF CHEESE CUBES WITH LIGHT AND DARK MOLD PATCHES. DISCARDED BY STAFF. REVIEW PRODUCTS FOR SIGNS OF SPOILAGE.
Comply By: 9/23/2025 Originally Issued On: 9/23/2025

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.14B *Priority Level: Priority 3 CFP#: 41*
MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.
COMMENT: DAMP WIPING CLOTH NOT HELD IN SANITIZER. HOLD WIPING CLOTHS IN SANITIZER WHEN NOT IN USE.
Comply By: 9/23/2025 Originally Issued On: 9/23/2025

! **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: TCS ITEMS IN REFRIGERATOR DOOR >41°F. BUTTER HELD ON COUNTER FOR MULTIPLE DAYS. DISCONTINUE HOLDING BUTTER ON COUNTER. TEMP ABUSED TCS ITEMS IN REFRIGERATOR DOOR DISCARDED AND COOLER ADJUSTED. VERIFY SAFE HOLDING TEMPERATURES THROUGHOUT COOLER PRIOR TO PLACING ANY ADDITIONAL TCS ITEMS WITHIN.
Comply By: 9/23/2025 Originally Issued On: 9/23/2025

New Order: 3-500C Microbial Control: date marking
3-501.17B *Priority Level: Priority 2 CFP#: 23*
MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.
COMMENT: OPENED BAGS OF SHREDDED CHEESE AND CUBED CHEESE, AND OPENED JAR OF TOMATO SAUCE WITHOUT DATE MARKINGS. BAGS OF CHEESES KNOWN BY STAFF TO HAVE BEEN OPENED WITHIN 7-DAY USE WINDOW. OPEN DATE OF JAR UNKNOWN. MANUFACTURER'S USE-BY-DATE ON JAR MAY 2024. DATE MARK REQUIRED ITEMS AND DISCARD AFTER 7 DAYS. - LISTERIOSIS
Comply By: 9/23/2025 Originally Issued On: 9/23/2025

! **New Order: 4-100 Equipment Construction Materials**
4-101.11A *Priority Level: Priority 1 CFP#: 47*
MN Rule 4626.0450A Remove all unsafe multi-use equipment, utensils, and food storage containers that impart color, odors or tastes to food.
COMMENT: NONSTICK PAN NO LONGER VIABLE COOKING VESSEL. NONSTICK SURFACE COMPROMISED AND FLECKING OFF INTO FOODS. REMOVE FROM FOOD SERVICE AND ONLY USE EQUIPMENT ON NONSTICK SURFACE THAT WILL NOT SCRATCH THE NONSTICK MATERIAL.
Comply By: 9/23/2025 Originally Issued On: 9/23/2025

New Order: 4-100 Equipment Construction Materials
4-101.18 *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0493 Discontinue using cleaning aids or utensils that can scratch or scour the nonstick coating of pots, pans, griddles, cookie sheets, waffle makers and other cookware.
COMMENT: NONSTICK PAN WITH NONSTICK MATERIAL CHIPPED AND FLECKING OFF. USE NONABRASIVE UTENSILS AND CLEANING EQUIPMENT ON NONSTICK COOKWARE.
Comply By: 9/23/2025 Originally Issued On: 9/23/2025

New Order: 4-100 Equipment Construction Materials
4-101.19 *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0495 Remove non-food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling, or that require frequent cleaning, that are not constructed of a corrosion-resistant, non-absorbent, and smooth material.
COMMENT: MILLWORK WITH EXPOSED MDF WITH BUILDUP IN SOME AREAS. CLEAN AND SEAL WITH RESILIENT NON-ABSORBENT MATERIAL (E.G., LAMINATE, PVC, ETC.).
Comply By: 7/3/2026 Originally Issued On: 9/23/2025

New Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT: REFRIGERATOR NOT HOLDING SAFE TEMPERATURES. ADJUSTED COLDER DURING INSPECTION. IF ADJUSTMENT DOES NOT PROVIDE SAFE HOLDING TEMPERATURES, REPAIR OR REPLACE.
Comply By: 9/23/2025 Originally Issued On: 9/23/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-602.12 *Priority Level: Priority 3 CFP#: 16*
MN Rule 4626.0850 Clean the food contact surfaces of cooking and baking equipment and interior cavities of microwave ovens at least every 24 hours.
COMMENT: INTERIOR OF OVEN ENCRUSTED WITH FOOD DEBRIS AND RESIDUES. CLEAN AND MAINTAIN CLEAN.
Comply By: 9/26/2025 Originally Issued On: 9/23/2025

New Order: 5-200C Plumbing: Maintenance, fixture location
5-205.11AB *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.
COMMENT: SINGLE BASIN KITCHEN SINK USED FOR HANDWASHING AND OTHER ACTIVITIES. ENSURE A HANDWASHING SINK IS AVAILABLE FOR HANDWASHING AT ALL TIMES. (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)
Comply By: 9/23/2025 Originally Issued On: 9/23/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.14A *Priority Level: Priority 3 CFP#: 10*
MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: NO HANDWASHING SIGN AT HANDWASHING SINK. PUT HANDWASHING SIGN AT HANDWASHING SINK.
Comply By: 10/3/2025 Originally Issued On: 9/23/2025

Food & Beverage General Comment

Food and beverage inspection of establishment conducted as part an HRD survey. Kitchen residential in nature with high heat sanitizing dishwasher for which thermal stickers are used to verify sanitizing temperatures. Identified issues reviewed with staff.

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 F1029251209 from 9/23/2025

Trevor McCliment

ELIZABETH SANBORN
PERSON IN CHARGE

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@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

EMPOWERMENT HEALTHCARE
Spring Lake Park
County/Group: Anoka County

Inspection Info

Report Number: F1029251209
Inspection Type: Full
Date: 9/23/2025
Time: 11:00:56 AM

New Record: Product/Item/Unit: JAR OF TOMATO SAUCE**; Temperature Process:** Cold-Holding
Location: REFRIGERATOR - DOOR at 43 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: CREAMER**; Temperature Process:** Cold-Holding
Location: REFRIGERATOR - DOOR at 45 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: BUTTER**; Temperature Process:** Cold-Holding
Location: REFRIGERATOR - DOOR at 47 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: REFRIGERATOR - CAVITY at 42 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: SLICED DELI MEAT**; Temperature Process:** Cold-Holding
Location: REFRIGERATOR - CAVITY at 41 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: CHOCOLATE MILK**; Temperature Process:** Cold-Holding
Location: SECOND REFRIGERATOR at 36 Degrees F.
Comment:
Violation Issued?: No