Electronically Delivered

April 23, 2025

Licensee
Cypress Manor
16770 Wren Street Northwest
Andover, MN 55304

RE: Project Number(s) SL25460016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 27, 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, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 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
	25460	A. BUILDING: _____ B. WING _____	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS MANOR	16770 WREN STREET NW ANDOVER, MN 55304

(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 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: SL25460016-0 On March 24, 2025, through March 27, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were nine resident(s); nine receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 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 March 25, 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	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) 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 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	0 810		

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0 810	Continued From page 4 by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On March 26, 2025, at approximately 10:00 a.m. director of maintenance (DM)-H provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP failed to include the following: The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. During the tour DM-H indicated the staff uses the ramp in the garage as an exit during an emergency. The procedures for using the ramp and how to exit the space during an emergency where not outlined in the FSEP.	0 810		

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0 810	Continued From page 5 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.	01500		

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01500	Continued From page 6 (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for one of three 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, 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).	01500		

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01500	Continued From page 7 The findings include: ULP-C was hired October 7, 2021, to provide direct cares and services to residents. ULP-C's employee record lacked evidence annual training had been completed as required in the following areas: - reporting maltreatment of vulnerable adults or minors; - infection control techniques; - effective approaches to use to problems solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; and - principles of person-centered planning/service delivery. On March 25, 2025, at 9:30 a.m., licensed assisted living director (LALD)-D stated, "[ULP-C]'s training records and annual records are lacking at the corporate office. [ULP-C] is missing some annual education and shouldn't be." Furthermore, LALD-D stated that the missing education was due to oversight at the corporate office. The licensee's 5.06 Annual Required Staff Training policy, dated June 6, 2022, indicated all staff that perform direct care services at [licensee] will complete at least eight hours of annual training for each 12 months of employment. In addition, "The following training elements MUST be included every 12 months to all staff who performs direct care services: 1. Training on reporting of maltreatment of vulnerable adults under section 626.557; 2. Review of the assisted living bill of rights and staff responsibilities related to ensuring the	01500		

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01500	Continued From page 8 exercise and protection of those rights; 3. Review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns. and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; 4. Effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; 5. Review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and 6. Principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
01530 SS=D	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics	01530		

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01530	Continued From page 9 related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two employees (unlicensed personnel (ULP)-C) had two hours of dementia care training annually. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-C was hired October 7, 2021, to provide	01530		

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01530	Continued From page 10 direct care to residents. ULP-C's employee record lacked evidence ULP-C had completed two hours of dementia care training in the last year. On March 25, 2025, at 9:30 a.m., licensed assisted living director (LALD)-D stated, "[ULP-C]'s training records and annual records are lacking at the corporate office. [ULP-C] is missing some annual education and shouldn't be." Furthermore, LALD-D stated that the missing education was due to oversight at the corporate office. The licensee's 5.06 Annual Required Staff Training policy, dated June 6, 2022, indicated all staff that perform direct care services at [licensee] will complete at least eight hours of annual training for each 12 months of employment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		

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

Type: Full
Date: *03/25/25*
Time: 13:08:31
Report: 1029251085

Food and Beverage Establishment Inspection Report

Location:

Cypress Manor
16770 Wren Street Nw
Andover, MN55304
Anoka County, 02

Establishment Info:

ID #: 0039327
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 7637128363
ID #:

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

The following orders previously issued on 11/21/22 have NOT been corrected.

2-200 Employee Health

2-201.11C ***** Priority 1 *****

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

11/23/22-3/25/25: NO EMPLOYEE ILLNESS LOG. NAVIGATED TO MDH SITE AND PRINTED EMPLOYEE ILLNESS LOG. EMPLOYEE ILLNESS LOGGING AND EXCLUSION DISCUSSED.

Issued on: 11/21/22 *Comply By: 11/23/22*

3-500B Microbial Control: hot and cold holding

3-501.16A2 ***** Priority 1 *****

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

11/21/22-3/25/25: TCS ITEMS IN BOTH COOLERS IN DANGER ZONE. DISCARDED BY REP. REP INSTRUCTED TO VERIFY SAFE TEMPS THROUGHOUT COOLERS BEFORE PUTTING MORE TCS ITEMS IN.

Issued on: 11/21/22 *Comply By: 11/21/22*

4-700 Sanitizing Equipment and Utensils

4-702.11 ***** Priority 1 *****

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.

11/21/22-3/25/25: ESTABLISHMENT NOW HAS 2 NSF/ANSI 184 DISHWASHER BUT THEY FAILED TO REACH SANITIZING TEMPS. FOLLOWING DAY SANITIZING TEMPS REACHED. REP INSTRUCTED TO ENSURE SANITIZING CYCLE IS USED EVERY TIME.

Issued on: 11/21/22 *Comply By: 11/21/22*

Food and Beverage Establishment Inspection Report

The following orders were issued during this inspection.

3-100 Food Characteristics: unadulterated

3-101.11 ***** Priority 1 *****

MN Rule 4626.0125 Remove all unsafe and adulterated foods from the premises.

OPENED GRATED CHEESE IN CABINET 78F. DISCARDED BY REP. REP INSTRUCTED TO REFRIGERATE REQUIRED ITEMS AFTER OPENING.

Comply By: 03/25/25

4-500 Equipment Maintenance and Operation

4-501.114C3 ***** Priority 1 *****

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

QUAT > 400 PPM IN SPRAY BOTTLE. REP INSTRUCTED TO MIX TO 200-400 PPM. SANITIZER OPTIONS COVERED.

Comply By: 03/25/25

3-200B Food Characteristics:Receiving: temperature, condition

3-202.15 ***** Priority 2 *****

MN Rule 4626.0190 Food packages must be in good condition and must protect the food from adulteration and potential contaminants.

CAN DENTED ON SEAM. DISCARDED BY REP. C. BOTULINUM DISCUSSED. REP INSTRUCTED TO INSPECT CANS FOR DENTS ON SEAMS AND BLOATING AND REMOVE FROM SERVICE TO PREVENT POSSIBLE BOTULISM TOXIN POISONING.

Comply By: 03/25/25

3-500C Microbial Control: date marking

3-501.17B ***** Priority 2 *****

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.

DATE MARKINGS ABSENT ON OPENED BAGS OF SHREDDED CHEESES AND DELI MEAT. ITEMS OPENED W/IN 7-DAY WINDOW AND DATE MARKED DURING INSPECTION. REP INSTRUCTED TO DATE MARK REQUIRED ITEMS. L. MONOCYTOGENES DISCUSSED.

Comply By: 03/25/25

4-300 Equipment Numbers and Capacities

4-302.13B ***** Priority 2 *****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

NO THERMAL STICKERS OR MIN/MAX THERMOMETER TO TEST DISHWASHERS' SANITIZING TEMPS. REP INSTRUCTED TO OBTAIN MEANS TO VERIFY BOTH DISHWASHER SANITIZING

TEMPS.
Comply By: 03/28/25

4-300 Equipment Numbers and Capacities
4-302.14 ***** Priority 2 *****
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
NO QUAT TEST STRIPS. REP INSTRUCTED TO OBTAIN AND USE TEST STRIPS FOR WHICHEVER SANITIZER THE ESTABLISHMENT CHOOSES TO USE.
Comply By: 03/25/25

5-200C Plumbing: Maintenance, fixture location
5-205.11AB ***** Priority 2 *****
MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.
COOKING VESSELS IN DOWNSTAIRS HANDWASHING SINK. COS. REP INSTRUCTED TO NOT USE HANDWASHING SINK FOR ANYTHING OTHER THAN HANDWASHING.
Comply By: 03/25/25

6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.111C ***** Priority 2 *****
MN Rule 4626.1565C Use approved trapping devices or other means of pest control when pests are found.
RODENT DROPPINGS ON FLOOR IN DRY STORAGE. REP INSTRUCTED TO REMOVE, CLEAN AND DISINFECT AND IMPLEMENT PEST CONTROL MEASURES TO ELIMINATE PEST POPULATION. REP INSTRUCTED TO NO USE SNAP TRAPS OR OTHER UNAPPROVED PEST CONTROL MEASURES.
Comply By: 03/28/25

2-100 Supervision
2-102.12AMN
MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
NO EVIDENCE OF CFPM EMPLOYED BY ESTABLISHMENT. REP INSTRUCTED TO HAVE STAFF MEMBER OBTAIN CFPM CERTIFICATE AND POST CERTIFICATE. CFPM ATTAINMENT INFO PROVIDED TO OPERATOR.
Comply By: 03/28/25

4-500 Equipment Maintenance and Operation
4-501.11AB
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
BOTH COOLERS NOT KEEPING SAFE TEMPS. REP INSTRUCTED TO ADJUST, REPAIR, OR REPLACE TO ENSURE SAFE COLD HOLDING TEMPS.
Comply By: 03/25/25

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.19

MN Rule 4626.1555 Keep the toilet room doors closed except during cleaning and maintenance operations.
BATHROOM DOOR DOWNSTAIRS NEXT TO KITCHEN PROPPED OPEN. NO CLEANING OR MAINTENANCE OCCURRING. REP INSTRUCTED TO KEEP CLOSED WHEN CLEANING OR MAINTENANCE IS NOT HAPPENING.

Comply By: 03/25/25

Surface and Equipment Sanitizers

HOT WATER: = at <150 Degrees Fahrenheit
Location: UPSTAIRS DISHWASHER 3/25
Violation Issued: Yes

HOT WATER: = at <150 Degrees Fahrenheit
Location: DOWNSTAIRS DISWASHER 3/25
Violation Issued: Yes

QUATERNARY AMMONIUM: = >400 PPM at Degrees Fahrenheit
Location: SPRAY BOTTLE
Violation Issued: Yes

HOT WATER: = at >150 Degrees Fahrenheit
Location: UPSTAIRS DISHWASHER 3/26
Violation Issued: No

QUATERNARY AMMONIUM: = at >150 Degrees Fahrenheit
Location: DOWNSTAIRS DISHWASHER 3/26
Violation Issued: No

Food and Equipment Temperatures

Process/Item: COLD HOLD/BUTTER
Temperature: 45 Degrees Fahrenheit - Location: UPSTAIRS FRIDGE - DOOR RIGHT
Violation Issued: Yes

Process/Item: COLD HOLD/BUTTER
Temperature: 46 Degrees Fahrenheit - Location: UPSTAIRS FRIDGE - DOOR RIGHT
Violation Issued: Yes

Process/Item: COLD HOLD/MILK
Temperature: 41 Degrees Fahrenheit - Location: UPSTAIRS FRIDGE - CAVITY
Violation Issued: No

Process/Item: COLD HOLD/YOGURT
Temperature: 41 Degrees Fahrenheit - Location: UPSTAIRS FRIDGE - CAVITY
Violation Issued: No

Process/Item: COLD HOLD/JUICE
Temperature: 41 Degrees Fahrenheit - Location: UPSTAIRS FRIDGE - DOOR LEFT
Violation Issued: No

Process/Item: COLD HOLD/BUTTER
Temperature: 45 Degrees Fahrenheit - Location: DOWNSTAIRS FRIDGE - DOOR RIGHT
Violation Issued: Yes

Process/Item: COLD HOLD/BUTTER
Temperature: 46 Degrees Fahrenheit - Location: DOWNSTAIRS FRIDGE - DOOR RIGHT
Violation Issued: Yes

Process/Item: COLD HOLD/DELI MEAT
Temperature: 41 Degrees Fahrenheit - Location: DOWNSTAIRS FRIDGE - CAVITY
Violation Issued: No

Process/Item: COLD HOLD/CREAM CHEESE
Temperature: 45 Degrees Fahrenheit - Location: DOWNSTAIRS FRIDGE - DOOR RIGHT
Violation Issued: Yes

Process/Item: COLD HOLD/MILK
Temperature: 42 Degrees Fahrenheit - Location: DOWNSTAIRS FRIDGE - DOOR LEFT
Violation Issued: No

Process/Item: COLD HOLD/MILK
Temperature: 43 Degrees Fahrenheit - Location: DOWNSTAIRS FRIDGE - DOOR LEFT
Violation Issued: Yes

Process/Item: COLD HOLD/CREAMER
Temperature: 41 Degrees Fahrenheit - Location: DOWNSTAIRS FRIDGE - DOOR LEFT
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	5	6	3

Inspection conducted with Malaika Raini, ALD In Residency (ALDIR); Herbert Wilds, Cook; and other staff members as part of an HRD survey. All identified issues addressed with Malaika and Herbert.

Topics reviewed:

- Employee illness logging and exclusion procedures
- Reporting requirements
- Common contagious foodborne illness pathogens
- Employee handwashing and hygiene
- Temperature control
- Contamination and spoilage
- Date marking
- Sanitizing
- Pest control
- Certified Food Protection Manager (CFPM)

Type: Full
Date: *03/25/25*
Time: 13:08:31
Report: 1029251085
Cypress Manor

Food and Beverage Establishment Inspection Report

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 1029251085 of 03/25/25.

Certified Food Protection Manager: VACANT

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed: _____

HERBERT WILDS
COOK

Signed: Trevor McCliment

Trevor McCliment
Public Health Sanitarian
Metro District Office
651-201-3957
trevor.mccliment@state.mn.us

Food Establishment Inspection Report

Report #: 1029251085

DEPARTMENT OF HEALTH

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

No. of RF/PHI Categories Out	7	**Date**	03/25/25
No. of Repeat RF/PHI Categories Out	3	**Time In**	13:08:31
Legal Authority MN Rules Chapter 4626		**Time Out**	

Cypress Manor	**Address** 16770 Wren Street Nw	**City/State** Andover, MN	**Zip Code** 55304	**Telephone** 7637128363
License/Permit # 0039327	**Permit Holder**	**Purpose of Inspection** Full	**Est Type**	**Risk Category**

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

	Compliance Status		COS	R
	Supervision			
1	(IN) OUT	PIC knowledgeable; duties & oversight		
2	IN (OUT) N/A	Certified food protection manager, duties		
	Employee Health			
3	IN (OUT)	Mgmt/Staff;knowledge,responsibilities&reporting		X
4	(IN) OUT	Proper use of reporting, restriction & exclusion		
5	(IN) OUT	Procedures for responding to vomiting & diarrheal events		
	Good Hygenic Practices			
6	IN OUT (N/O)	Proper eating, tasting, drinking, or tobacco use		
7	(IN) OUT N/O	No discharge from eyes, nose, & mouth		
	Preventing Contamination by Hands			
8	IN OUT (N/O)	Hands clean & properly washed		
9	(IN) OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10	IN (OUT)	Adequate handwashing sinks supplied/accessible		
	Approved Source			
11	(IN) OUT	Food obtained from approved source		
12	IN OUT N/A (N/O)	Food received at proper temperature		
13	IN (OUT)	Food in good condition, safe, & unadulterated		
14	IN OUT (N/A) N/O	Required records available; shellstock tags, parasite destruction		
	Protection from Contamination			
15	(IN) OUT N/A N/O	Food separated and protected		
16	IN (OUT) N/A	Food contact surfaces: cleaned & sanitized		X
17	(IN) OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	IN OUT N/A (N/O)	Proper cooking time & temperature		
19	IN OUT N/A (N/O)	Proper reheating procedures for hot holding		
20	IN OUT N/A (N/O)	Proper cooling time & temperature		
21	IN OUT N/A (N/O)	Proper hot holding temperatures		
22	IN (OUT) N/A	Proper cold holding temperatures		X
23	IN (OUT) N/A N/O	Proper date marking & disposition		
24	IN OUT (N/A) N/O	Time as a public health control: procedures & records		
	Consumer Advisory			
25	IN OUT (N/A)	Consumer advisory provided for raw/undercooked food		
	Highly Susceptible Populations			
26	(IN) OUT N/A	Pasteurized foods used; prohibited foods not offered		
	Food and Color Additives and Toxic Substances			
27	IN OUT (N/A)	Food additives: approved & properly used		
28	(IN) OUT	Toxic substances properly identified, stored, & used		
	Conformance with Approved Procedures			
29	IN OUT (N/A)	Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R **COS=** corrected on-site during inspection **R=** repeat violation

		Safe Food and Water	COS	R
30	IN OUT (N/A)	Pasteurized eggs used where required		
31		Water & ice obtained from an approved source		
32	IN OUT (N/A)	Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A (N/O)	Plant food properly cooked for hot holding		
35	IN OUT N/A (N/O)	Approved thawing methods used		
36		Thermometers provided & accurate		
		Food Identification		
37		Food properly labled; original container		
		Prevention of Food Contamination		
38	X	Insects, rodents, & animals not present		
39		Contamination prevented during food prep, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

		Proper Use of Utensils	COS	R
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single service articles: properly stored & used		
46		Gloves used properly		
		Utensil Equipment and Vending		
47	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53	X	Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) **Date:** 03/26/25

Inspector (Signature) *Trevor McCliment*