



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 2, 2025

Licensee
Assurant Care Homes LLC
11410 Crooked Lake Boulevard Northwest
Coon Rapids, MN 55433

RE: Project Number(s) SL38368016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 8, 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 . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

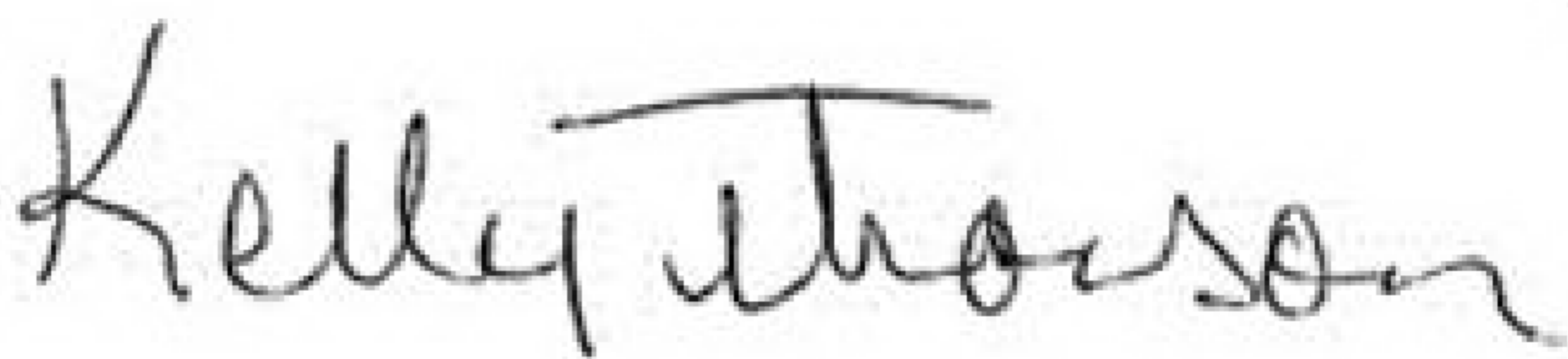
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,

A handwritten signature in black ink that reads "Kelly Thorson". The signature is written in a cursive, flowing style.

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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
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NAME OF PROVIDER OR SUPPLIER ASSURANT CARE HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11410 CROOKED LAKE BLVD NW COON RAPIDS, MN 55433
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(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	<p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL38368016</p> <p>On April 7, 2025, through April 8, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were four residents; all receiving services under the Assisted Living Facility license.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 480 SS=F	<p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</p> <p>(a) Except as provided in paragraph (b), food</p>	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 480	<p>Continued From page 1</p> <p>must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>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.</p> <p>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.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 7, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
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0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency preparedness plan (EPP) available to all visitors, staff, and residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to</p>	0 680		
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0 680	<p>Continued From page 4</p> <p>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 the residents).</p> <p>The findings include:</p> <p>The licensee's EPP was not available at the facility at the time of survey.</p> <p>On April 7, 2025, at 11:48 a.m. licensed assisted living director (LALD)-A stated the EPP is usually kept in the living room, and he must have brought it home to work on it and did not bring it back.</p> <p>The licensee's Emergency Preparedness Plan-Appendix Z Compliance policy dated August 1, 2023, indicated it is the intent that [the facility] has in place an effective and compliant Emergency Preparedness Plan.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 680		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not</p>	0 780		

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0 780	<p>Continued From page 5</p> <p>including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed provide interconnected smoke alarms in required locations. These deficient conditions had the ability to affect all staff and residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On April 7, 2025, at approximately 11:30 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-A. During the tour, the surveyor observed resident room 3 lacked the required smoke alarm. Smoke alarms are</p>	0 780		

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0 780	Continued From page 6 required in each bedroom, outside each separate sleeping area in the immediate vicinity of bedrooms, and on each story within a dwelling unit. During the facility tour interview on April 7, 2025, LALD-A acknowledged the observation while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
0 790 SS=F	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the portable fire extinguishers. This deficient condition had the potential to affect all staff, residents, 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	0 790		

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0 790	<p>Continued From page 7</p> <p>or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On April 7, 2025, at approximately 11:30 a.m., the surveyor toured the facility LALD-A. The pressure gauge on the portable fire extinguisher in the main level was reading "recharge" indicating the fire extinguisher needs servicing.</p> <p>During the facility tour interview on April 7, 2025, LALD-A acknowledged the observation while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 790		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment in a continuous state of good repair and operation with regard to the health, safety, comfort, and</p>	0 800		

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0 800	<p>Continued From page 8</p> <p>well-being of the residents. This deficient condition had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On April 7, 2025, at approximately 11:30 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-A. The following was observed.</p> <p>EGRESS WINDOWS: The egress window in bedrooms 1 and 4 had broken window crank hardware. LALD-A was able to get the window open, but the hardware was difficult to operate. LALD-A informed the surveyor that Home Depot has been contacted and will be replacing the windows soon.</p> <p>SMOKING AREAS: Cigarette butts where present on the ground of the designated smoking areas. The residents were not using the provided receptacle and discarding the cigarette butts onto the ground. The surveyor explained to LALD-A that the discarded cigarette butts are a fire hazard if cigarettes were not completely extinguished before discarding them.</p> <p>On April 7, 2025, LALD-A acknowledged the</p>	0 800		

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0 800	Continued From page 9 above-listed deficiencies. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
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.	0 810		

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0 810	<p>Continued From page 10</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required training. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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).</p> <p>The findings include:</p> <p>On April 7, 2025, at approximately 11:30 a.m., the surveyor observed the bedroom identification on the fire evacuation diagrams, but the individual bedrooms did not have identification. Exit plan diagrams and bedrooms must be correctly labeled to reduce confusion in a fire or similar emergency.</p> <p>On April 7, 2025, at approximately 11:30 a.m., the surveyor observed the fire safety and evacuation plan (FSEP) was not located in a central location for all staff accessibility. On April 8, 2025, The FSEP was emailed to the surveyor to verify compliance.</p> <p>On April 7, 2025, licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and</p>	0 810		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
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NAME OF PROVIDER OR SUPPLIER ASSURANT CARE HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11410 CROOKED LAKE BLVD NW COON RAPIDS, MN 55433
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(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
0 810	<p>Continued From page 11</p> <p>evacuation training, and evacuation drills for the facility.</p> <p>FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP failed to include the following:</p> <p>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. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine, and Extinguish or Evacuate) but the plan was designed for a building with life safety systems such as fire doors with magnetic hold opens and a fire protection system. The policy had not been updated to provide complete actions for employees to take in the event of a fire or similar emergency at the licensed facility which did not have life safety systems or a fire-resistant construction type.</p> <p>TRAINING: The licensee failed to provide evacuation training to residents at least once per year. LALD-A failed to provide documentation showing training was offered or training was scheduled for a future date for residents on the fire safety and evacuation plan.</p> <p>The licensee emailed the surveyor documentation showing staff training. The licensee failed to provide training to employees on the FSEP upon hire and at least twice per year. The licensee's provided documentation indicating a single training was provided on 1-23-25. No other training documentation was provided via email.</p>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
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NAME OF PROVIDER OR SUPPLIER ASSURANT CARE HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11410 CROOKED LAKE BLVD NW COON RAPIDS, MN 55433
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(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
0 810	Continued From page 12	0 810		
01290 SS=F	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was affiliated to the current health facility identification (HFID) number for two of two employees (unlicensed personnel (ULP)-E and ULP-F) on the facility provided employee roster.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when</p>	01290		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
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NAME OF PROVIDER OR SUPPLIER ASSURANT CARE HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11410 CROOKED LAKE BLVD NW COON RAPIDS, MN 55433
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(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
01290	<p>Continued From page 13</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On April 7, 2025, at 12:00 p.m., the surveyor reviewed the facility's NETStudy 2.0 roster and compared it to the facility's staff roster and discovered two of the facility's employees were affiliated to a sister facility and not to the licensee's HFID 38368.</p> <p>ULP-E was hired on May 9, 2023, to provide direct care services to residents. A background study had not been affiliated to the facility's HFID.</p> <p>ULP-F was hired on February 18, 2025, to provide direct care services to residents. A background study had not been affiliated to the facility's HFID.</p> <p>On April 7, 2025, at 12:10 p.m., licensed assisted living director (LALD)-A stated he thought he had affiliated all the staff to each facility and will do it right away.</p> <p>The licensee's Background Studies policy dated October 25, 2021, indicated [the facility] will conduct a Minnesota Department of Human Services Background Study on all employees and volunteers and contractors at [the facility].</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: TWO DAY</p>	01290		
01880 SS=F	144G.71 Subd. 19 Storage of medications	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
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NAME OF PROVIDER OR SUPPLIER ASSURANT CARE HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11410 CROOKED LAKE BLVD NW COON RAPIDS, MN 55433
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(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
01880	<p>Continued From page 14</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure all medications were securely locked in substantially constructed compartments and permit only authorized personnel had access. This had the potential to affect all residents in the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On April 7, 2025, at 10:30 a.m., the surveyor observed the medication refrigerator lacked a lock. The medication refrigerator contained insulin pens for residents of the facility.</p> <p>On April 7, 2025, at 10:30 a.m., licensed assisted living director (LALD)-A stated the refrigerator is behind the staff desk and they are always sitting there so it doesn't have a lock on it.</p> <p>The licensee's Medication Storage policy dated October 25, 2021, indicated when medications are managed and stored by [the facility],</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2025
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NAME OF PROVIDER OR SUPPLIER ASSURANT CARE HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11410 CROOKED LAKE BLVD NW COON RAPIDS, MN 55433
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(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
01880	<p>Continued From page 15</p> <p>medications will be kept securely locked and stored per manufacturer's directions. Only authorized staff will have access to stored medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD TO CORRECT: Seven (7) days.</p>	01880		

Type: Full
Date: 04/07/25
Time: 13:37:49
Report: 1029251096

Food and Beverage Establishment Inspection Report

Page 1

Location:

Assurant Care Homes Llc
11430 Crooked Lake Blvd Nw
Coon Rapids, MN55433
Anoka County, 02

Establishment Info:

ID #: 0037879
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6129876609
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 10/16/23 have NOT been corrected.

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.

10/16/23-4/7/25: TEMP ABUSED ITEMS IN REFRIGERATOR DISCARDED BY OPERATOR. COOLER ON LOWEST SETTING AND ADJUSTED DURING INSPECTION COLDER. REP INSTRUCTED TO VERIFY SAFE TEMPS BEFORE PLACING ADDITIONAL TCS ITEMS INTO COOLER.

Issued on: 10/16/23

Comply By: 10/16/23

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.14B

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.

10/16/23-4/7/25: DAMP TOWEL NOT IN USE AND NOT IN SANITIZER SOLUTION. INSTRUCTED OPERATOR TO STORE IN SANITIZER WHEN NOT IN USE. CL SOLUTION MIXED DURING INSPECTION TO 50 PPM FOR SANITIZER BUCKET.

Issued on: 10/16/23

Comply By: 10/16/23

Type: Full
Date: 04/07/25
Time: 13:37:49
Report: 1029251096
Assurant Care Homes Llc

Food and Beverage Establishment Inspection Report

Comply By: 04/07/25

Surface and Equipment Sanitizers

CHLORINE: = 50 PPM at Degrees Fahrenheit
Location: SANITIZER BUCKET
Violation Issued: No

HOT WATER: = at >150 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: COLD HOLD/SLICED HAM
Temperature: 47 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: COLD HOLD/HOT DOGS
Temperature: 52 Degrees Fahrenheit - Location: REFRIGERATOR DOOR
Violation Issued: Yes

Process/Item: COOLING/MILK
Temperature: 44 Degrees Fahrenheit - Location: DELIVERED ~ 1 HOUR AGO - GET TO 41 OR LESS
W/IN 3 HOURS
Violation Issued: No

Process/Item: COOLING/SHELL EGGS
Temperature: 47 Degrees Fahrenheit - Location: DELIVERED ~ HOURS AGO
Violation Issued: Yes

Process/Item: COLD HOLD/BRATS
Temperature: 52 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

Process/Item: COLD HOLD/COOKED PATE LOG
Temperature: 51 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: Yes

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

HRD Evaluator: Wendy Robarge MSN, RN, PHN, HFE-Nursing Evaluator II, Assisted Living Licensure | HCALP.

ALF: Residential.

Establishment uses high heat sanitizing dishwasher to sanitize equipment and utensils. All identified issues reviewed with establishment representatives.

Topics discussed:

- Employee illness logging and exclusion procedures
- Vomit/fecal matter cleanup

Type: Full
Date: 04/07/25
Time: 13:37:49
Report: 1029251096
Assurant Care Homes Llc

Food and Beverage Establishment Inspection Report

- Common foodborne illness pathogens and notification requirements
- Employee hygiene and handwashing
- Chemical and high heat sanitizing
- Temperature control
- Pest control
- Date marking and listeriosis
- Cans with dented seams and botulism toxin formation
- Bare hand contact with ready to eat foods

Esther Mokeira Wako, CFPM 114108, exp 2025-12-6, currently CFPM for all 4 active locations. LALD, Zablun Obwaya, notified that a facility may share a 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.

Locations:

- FLB 38620 - 2750 112th Lane NW, Coon Rapids MN, 55433
- FBL 37879 - 11430 Crooked Lake Blvd NW, Coon Rapids MN, 55433
- (Inactive) FBL 44114 - 11410 Crooked Lake Blvd NW, Coon Rapids MN, 55433
- FBL 37609 - 7449 Louisiana Ave N, Brooklyn Park MN, 55428
- FBL 39073 - 1755 113th Lane NE, Blaine MN, 55449

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 1029251096 of 04/07/25.

Certified Food Protection Manager ESTHER MOKEIRA WAKO

Certification Number: 114108 Expires: 12/06/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

ZABLON OBWAYA
LALD

Signed: Trevor McCliment

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

Report #: 1029251096

Food Establishment Inspection Report



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

No. of RF/PHI Categories Out	4	Date	04/07/25
No. of Repeat RF/PHI Categories Out	1	Time In	13:37:49
Legal Authority MN Rules Chapter 4626		Time Out	

Assurant Care Homes Llc	Address 11430 Crooked Lake Blvd Nw	City/State Coon Rapids, MN	Zip Code 55433	Telephone 6129876609
License/Permit # 0037879	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	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
PIC knowledgeable; duties & oversight			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Certified food protection manager, duties			
Employee Health			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Mgmt/Staff; knowledge, responsibilities & reporting			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of reporting, restriction & exclusion			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Procedures for responding to vomiting & diarrheal events			
Good Hygienic Practices			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
No discharge from eyes, nose, & mouth			
Preventing Contamination by Hands			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
Hands clean & properly washed			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing sinks supplied/accessible			
Approved Source			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source			
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food received at proper temperature			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, & unadulterated			
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Required records available; shellstock tags, parasite destruction			
Protection from Contamination			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food separated and protected			
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food contact surfaces: cleaned & sanitized			
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, & unsafe food			

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

Risk factors (RF) are improper practices or procedures 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

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

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

Food Recalls:

Person in Charge (Signature)

Date: 04/08/25

Inspector (Signature)

Trevor McCliment