



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 14, 2024

Licensee
Scenic Hills Alternative Care
1990 Queens Avenue
Lakeland, MN 55043

RE: Project Number(s) SL26943015

Dear Licensee:

On January 24, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the December 13, 2023, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Casey DeVries'.

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26943	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/24/2024
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NAME OF PROVIDER OR SUPPLIER SCENIC HILLS ALTERNATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1990 QUEENS AVENUE LAKELAND, MN 55043
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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
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{0 000}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been 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: SL26943015-1</p> <p>On January 24, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed between December 11, 2023, and December 13, 2023. At the time of the survey, there were 5 residents receiving services under the assisted living license. As a result of the revisit, the licensee is in substantial compliance.</p>	{0 000}		
{0 470} SS=F	<p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable</p>	{0 470}		

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

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{0 470}	<p>Continued From page 1</p> <p>unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and</p> <p>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;</p> <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <p>(i) awake;</p> <p>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 470}		
{0 480} SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 480}		

Minnesota Department of Health

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{0 660}	Continued From page 2	{0 660}		
{0 660} SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 660}		
{0 680} SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:</p> <p>(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;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor;</p>	{0 680}		

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{0 680}	Continued From page 3 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. This MN Requirement is not met as evidenced by: No further action required.	{0 680}		
{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: No further action required.	{0 790}		

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{0 810}	Continued From page 4	{0 810}		
{0 810} SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <p>(1) location and number of resident sleeping rooms;</p> <p>(2) employee actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(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.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(f) Evacuation drills are required for employees 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.</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 810}		

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{0 810}	Continued From page 5	{0 810}		
{0 910} SS=C	<p>144G.50 Subd. 2 (a-b) Contract information</p> <p>(a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility.</p> <p>(b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of:</p> <p>(1) the facility and contracted service provider when applicable;</p> <p>(2) the licensee of the facility;</p> <p>(3) the managing agent of the facility, if applicable; and</p> <p>(4) the authorized agent for the facility.</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 910}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 3, 2024

Licensee
Scenic Hills Alternative Care
1990 Queens Avenue
Lakeland, MN 55043

RE: Project Number(s) SL26943015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 13, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The 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.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The MDH may impose a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The MDH also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. 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 the 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:

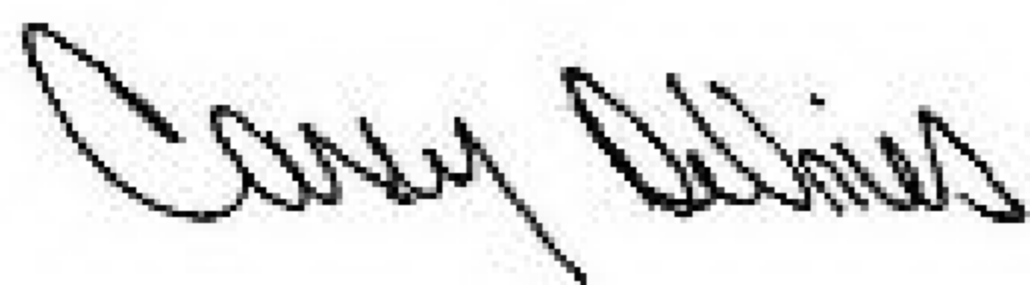
<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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.

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,



Casey DeVries, Supervisor

State Evaluation Team

Email: casey.devries@state.mn.us

Telephone: 651-201-5917 Fax: 1-866-890-9290

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Minnesota Department of Health

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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</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: SL26943015-0</p> <p>On December 11, 2023, through December 13, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were five active residents: five receiving services under the Assisted Living license.</p> <p>An immediate correction order was identified on December 12, 2023, issued for SL26943015-0, tag identification 1290.</p> <p>On December 12, 2023, the immediacy of correction order 1290 was removed, however, non-compliance remained, and the scope and level remained unchanged.</p>	0 000	<p>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 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>	
0 470 SS=F	<p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for</p>	0 470		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 470	<p>Continued From page 1</p> <p>determining its staffing level that:</p> <ul style="list-style-type: none"> (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <ul style="list-style-type: none"> (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have a daily work schedule posted in a central location, in accordance with Minnesota Administrative Rule 4659.0180, accessible to staff, residents, volunteers, and the public as required. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a</p>	0 470		

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0 470	<p>Continued From page 2</p> <p>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 December 11, 2023, at 10:53 a.m., during a facility tour, the surveyor observed a staff schedule posted in the nursing office of the facility. The surveyor was unable to locate a schedule in the main area of the licensee.</p> <p>On December 11, 2023, at 1:40 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the staffing schedule was posted in the nursing office of the facility, but was not posted in a location easily observable by residents or visitors.</p> <p>The licensee's Direct Care Staffing policy dated May 3, 2023, indicated that the daily staffing schedule will be placed after redacting direct-care staff members' resident assignments, at the beginning of each work shift in a central location in each facility that is accessible to staff, residents, volunteers, and the public.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	<p>Continued From page 3</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</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. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated December 11, 2023, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control</p>	0 660		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER SCENIC HILLS ALTERNATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1990 QUEENS AVENUE LAKELAND, MN 55043
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0 660	<p>Continued From page 4</p> <p>and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). This had the potential to 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, 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 December 11, 2023, at 10:05 a.m., during the entrance conference, the surveyor asked for the licensee's Tuberculosis (TB) Risk Assessment. Operations director (OD)-B stated that this had been completed for the licensee and stated that it was completed on a bi-annual basis.</p>	0 660		

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0 660	<p>Continued From page 5</p> <p>On December 11, 2023, at 1:52 p.m., OD-B provided documentation of a TB Risk Assessment, dated December 11, 2023. The surveyor informed OD-B that they would not be able to accept documentation completed during the survey process and requested that most current TB risk assessment prior to the December 11, 2023, assessment.</p> <p>The licensee's most recent Facility Tuberculosis risk assessment, completed prior to survey was dated June 29, 2022.</p> <p>The licensee's TB Infection control policy, dated May 3, 2023, indicated the facility would complete a Bi-Annual review and revision of the TB risk assessment for the agency.</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs) indicated, "each provider licensed by MDH is required to complete a TB risk assessment annually. Completion of this assessment will assist providers in the development of an infection control committee and in determining the frequency of screening."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
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</p>	0 680		

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0 680	<p>Continued From page 6</p> <p>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;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(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.</p> <p>(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 maintain a written emergency preparedness (EP) plan with all the required content as defined in Appendix Z. This had the potential to 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, 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>	0 680		

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0 680	<p>Continued From page 7</p> <p>The findings include:</p> <p>On December 4, 2023, at 12:40 a.m., the surveyor retrieved the licensee's Emergency preparedness plan binder from licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A. LALD/CNS-A stated the binder was complete in its required contents, and was normally stored behind locked doors, in the LALD/CNS's office.</p> <p>The licensee's written emergency disaster preparedness plan lacked evidence of the following required content:</p> <ul style="list-style-type: none"> - Annual review of the licensee's risk assessment utilizing an all-hazards approach; - Roles under wavier declared by secretary; <ul style="list-style-type: none"> - Policies and procedures for providing care and/or treatments at alternative care sites under 1135 waiver; - Emergency officials contact information; <ul style="list-style-type: none"> - State Licensing and Certification Agency - MN Office of Ombudsman for LTC - Long term care family notifications. <p>The licensee's Emergency Preparedness Training and Testing dated May 3, 2023, indicated the senior leadership team will analyze the response to the drills/testing and revise the Emergency Plan as appropriate. In addition, the Emergency Preparedness Plan and all Emergency Procedures will be reviewed and updated as needed annually by the Scenic Hills Alternative Care senior leadership team.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		

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0 790 SS=F	<p>144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment</p> <p>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;</p> <p>(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</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to install portable fire extinguishers as required by statute. This deficient condition had the potential to 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 the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On December 11, 2023, at 10:53 a.m., survey staff toured the home with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A. During the tour, survey staff observed the</p>	0 790		
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0 790	<p>Continued From page 9</p> <p>following:</p> <p>1. Portable fire extinguishers were located on the southern side of the facility in the sub-basement and main level kitchen area. No fire extinguishers were installed on the northern side of the building or in the basement and upper level of the home. Portable fire extinguishers were located so that the travel distance to the nearest fire extinguisher exceeded 75 feet.</p> <p>2. The fire extinguisher in the sub-basement was stored on the counter. Fire extinguishers must be properly mounted to prevent them from being moved or damaged.</p> <p>During an interview with survey staff on December 12, 2023, at 2:00 p.m., LALD/CNS-A confirmed the fire extinguisher locations. LALD/CNS-A explained they thought the fire extinguisher distance did not exceed 75 feet but was not onsite at the facility during the the time of the interview to verify.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 790		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <p>(1) location and number of resident sleeping rooms;</p> <p>(2) employee actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p>	0 810		

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0 810	<p>Continued From page 10</p> <p>(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.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(f) Evacuation drills are required for employees 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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop the fire safety and evacuation plans 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).</p>	0 810		

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0 810	<p>Continued From page 11</p> <p>The findings include: On December 11, 2023, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p>FIRE SAFETY AND EVACUATION PLAN The FSEP documentation failed to include 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 actions were limited to directing staff to call 911 and the program manager, and then to assist residents out of the house. The FSEP did not identify specific fire protection actions for residents evident by limited instructions for staff to move residents to safety. The FSEP failed to provide specific procedures for resident movement and evacuation during a fire or similar emergency including the unique needs of residents evident by a lack of these procedures in the plan. During an interview on December 12, 2023, at 2:00 p.m., LALD/CNS-A verified this deficient condition and stated the licensee would work on revising the fire safety and evacuation plans. LALD/CNS-A explained all residents are accessed for their needs during an evacuation. TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
0 910 SS=C	<p>144G.50 Subd. 2 (a-b) Contract information</p> <p>(a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. (b) The contract must include the name, telephone number, and physical mailing address,</p>	0 910		

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0 910	<p>Continued From page 12</p> <p>which may not be a public or private post office box, of:</p> <p>(1) the facility and contracted service provider when applicable;</p> <p>(2) the licensee of the facility;</p> <p>(3) the managing agent of the facility, if applicable; and</p> <p>(4) the authorized agent for the facility.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to execute a written contract with the required content for all of the licensee's residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect 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 the residents).</p> <p>The findings include:</p> <p>On December 11, 2023, at 12:03 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated that the contract utilized for R1 was the same contract utilized by all residents within the facility.</p> <p>The licensee's Resident Contract for Assisted Living lacked documentation of the Health Facility Identification (HFID) number of the facility in a conspicuous place and manner.</p> <p>On December 12, 2023, at 11:16 a.m., operation director (OD)-B stated licensee was not aware of</p>	0 910		
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0 910	Continued From page 13 the requirement and all resident contracts were missing the HFID number on their contracts. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 910		
01290 SS=I	144G.60 Subdivision 1 Background studies required (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. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the licensee's health facility identification number (HFID) for six of fourteen employees (unlicensed personnel (ULP)-C, ULP-F, ULP-G, ULP-H, ULP-I, ULP-J) with records reviewed. This practice resulted in a level two violation (a	01290	On December 12, 2023, the immediacy of correction order 1290 was removed, however, non-compliance remained, and the scope and level remained unchanged.	

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01290	<p>Continued From page 14</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-C ULP-C was hired July 19, 2018, and began providing assisted living services for the licensee on August 1, 2021.</p> <p>On December 11, 2023, from 10:30 a.m., to 2:30 p.m., the surveyor observed ULP-C providing assisted living services to multiple residents with no supervision.</p> <p>ULP-C's employee record contained background study dated July 6, 2018, submitted by separate facility under the same ownership umbrella as the licensee, but with a closed license HFID #26210.</p> <p>On December 12, 2023, at 11:14 a.m., the Department of Human Services web-based system used to submit background study requests (NETStudy 2.0) indicated ULP-C's background study previously affiliated to the closed license #26210 had a separation date of May 20, 2023.</p> <p>ULP-C's employee record lacked evidence the licensee submitted a background study for the licensee's location, HFID #26943, prior to the start of survey, December 11, 2023.</p> <p>The licensee's December 2023 schedule indicated ULP-C worked independently and</p>	01290		

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01290	<p>Continued From page 15</p> <p>unsupervised within the facility on December 3, December 4, December 5, and December 6, 2023.</p> <p>ULP-F ULP-F was hired January 26, 2016, and began providing assisted living services for the licensee on August 1, 2021.</p> <p>ULP-F's employee record contained background study dated September 27, 2022, submitted by separate facility under the same ownership umbrella as the licensee, but with a closed license HFID #26210.</p> <p>On December 12, 2023, at 11: 26 a.m., NETStudy 2.0 indicated ULP-F's background study previously affiliated to the closed license #26210 had a separation date of May 20, 2023.</p> <p>ULP-F's employee record lacked evidence the licensee submitted a background study for the licensee's location, HFID #26943, prior to the start of survey, December 11, 2023.</p> <p>The licensee's December 2023 schedule indicated ULP-F worked independently and unsupervised within the facility on December 5, and December 6, December 7, December 8, and December 9, 2023.</p> <p>ULP-G ULP-G was hired June 17, 2019, and began providing assisted living services for the licensee on August 1, 2021.</p> <p>ULP-G's employee record contained background study dated June 15, 2019, submitted by separate facility under the same ownership umbrella as the licensee, but with a closed</p>	01290		

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01290	<p>Continued From page 16</p> <p>license HFID #26210.</p> <p>On December 12, 2023, at 11: 19 a.m., NETStudy 2.0 indicated ULP-G's background study previously affiliated to the closed license #26210 had a separation date of May 20, 2023.</p> <p>ULP-G's employee record lacked evidence the licensee submitted a background study for the licensee's location, HFID #26943, prior to the start of survey, December 11, 2023.</p> <p>The licensee's December 2023 schedule indicated ULP-G worked independently and unsupervised within the facility on December 4, and December 5, December 6, December 8, and December 9, 2023.</p> <p>ULP-H ULP-H was hired February 6, 2012, and began providing assisted living services for the licensee on August 1, 2021.</p> <p>ULP-H's employee record contained background study dated January 30, 2023, submitted by separate facility under the same ownership umbrella as the licensee, but with a closed license HFID #26210.</p> <p>On December 12, 2023, at 11: 20 a.m., NETStudy 2.0 indicated ULP-H's background study previously affiliated to the closed license #26210 had a separation date of May 20, 2023.</p> <p>ULP-H's employee record lacked evidence the licensee submitted a background study for the licensee's location, HFID #26943, prior to the start of survey, December 11, 2023.</p> <p>The licensee's December 2023 schedule</p>	01290		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26943	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2023
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NAME OF PROVIDER OR SUPPLIER SCENIC HILLS ALTERNATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1990 QUEENS AVENUE LAKELAND, MN 55043
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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 17</p> <p>indicated ULP-H worked independently and unsupervised within the facility on December 3, and December 4, and December 7, 2023.</p> <p>ULP-I ULP-I was hired August 6, 2015, and began providing assisted living services for the licensee on August 1, 2021.</p> <p>ULP-I's employee record contained background study dated May 13, 2020, submitted by separate facility under the same ownership umbrella as the licensee, but with a closed license HFID #26210.</p> <p>On December 12, 2023, at 11: 21 a.m., NETStudy 2.0 indicated ULP-I's background study previously affiliated to the closed license #26210 had a separation date of May 20, 2023.</p> <p>ULP-I's employee record lacked evidence the licensee submitted a background study for the licensee's location, HFID #26943, prior to the start of survey, December 11, 2023.</p> <p>The licensee's December 2023 schedule indicated ULP-I worked independently and unsupervised within the facility on December 3, December 6, December 7, December 8, and December 9.</p> <p>ULP-J ULP-J was hired June 30, 2017, and began providing assisted living services for the licensee on August 1, 2021.</p> <p>ULP-J's employee record contained background study dated June 27, 2017, submitted by separate facility under the same ownership umbrella as the licensee, with a closed license HFID #26210.</p>	01290		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26943	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2023
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NAME OF PROVIDER OR SUPPLIER SCENIC HILLS ALTERNATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1990 QUEENS AVENUE LAKELAND, MN 55043
--	---

(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 18</p> <p>On December 12, 2023, at 11: 24 a.m., NETStudy 2.0 indicated ULP-J's background study previously affiliated to the closed license #26210 had a separation date of May 20, 2023.</p> <p>ULP-J's employee record lacked evidence the licensee submitted a background study for the licensee's location, HFID #26943, prior to the start of survey, December 11, 2023.</p> <p>On December 12, 2023, at 10:08 a.m., director of programs (DP)-E stated that they had run all staff background studies yesterday, December 11, 2023, to ensure that all staff had background studies that were properly affiliated with the HFID#26943. They reported that when checking the background checks yesterday, it was discovered that the staff had background checks that were not affiliated to the licensee.</p> <p>The licensee's undated Background Study Personnel Records policy indicated that People who have direct contact or access to vulnerable adults are required to have a background study. Direct contact means providing face-to-face care, training, supervision, counseling, or medication assistance to the people being served by an entity.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p>	01290		

Type: Full
Date: 12/11/23
Time: 11:00:00
Report: 1031231321

Food and Beverage Establishment Inspection Report

Page 1

Location:

Scenic Hills Care
1990 Queens Ave
Lake St. Crix, MN55043
Washington County, 82

Establishment Info:

ID #: N395866
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #:
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 were issued during this inspection.

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.

MULTIPLE ITEMS IN MINI REFRIGERATOR MEASURED 45-48F. ***ALL TCS ITEMS DISCARDED.*** STAFF ADJUSTED TEMPERATURE. DISCONTINUE USE OF MINI REFRIGERATOR UNTIL WATER SAMPLE MEASURES 41F OR BELOW. MONITOR TEMPERATURES.

Comply By: 12/11/23

3-700 Contaminated Food: discarded

3-701.11A

**** Priority 1 ****

MN Rule 4626.0445A Discard or recondition food that is unsafe, adulterated or not honestly presented.

RICE PUDDING STORED IN MINI REFRIGERATOR SHOWS EVIDENCE OF FOOD SPOILAGE.

PUDDING DISCARDED. CHECK ALL ITEMS FOR SIGNS OF SPOILAGE ON REGULAR BASIS.

Comply By: 12/11/23

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.

ESTABLISHMENT DOES NOT HAVE SANITIER TESTING KIT ON SITE. PROVIDE AND USE TEST KIT TO CHECK SANITIZER CONCENTRATION.

Comply By: 12/14/23

Type: Full
Date: 12/11/23
Time: 11:00:00
Report: 1031231321
Scenic Hills Care

Food and Beverage Establishment Inspection Report

4-600 Cleaning Equipment and Utensils

4-601.11B

MN Rule 4626.0840B Maintain the food contact surfaces of cooking equipment and pans free of encrusted grease deposits and other soil accumulations.

OVEN INTERIOR FOUND WITH ENCRUSTED FOOD DEBRIS THROUGHOUT CAVITY. CLEAN AND MAINTAIN CLEAN.

Comply By: 01/01/24

6-300 Physical Facility Numbers and Capacities

6-301.20

MN Rule 4626.1450 Provide a waste receptacle for individual towels at the handwashing sink where individual towels are used.

WASTE RECEPTACLE IN KITCHEN HAS HAND-OPERATED LID. HAS STAFF REMOVE LID. KEEP LID OFF OR PURCHASE RECEPTACLE WITH FOOT-OPERATED LID.

Comply By: 01/01/24

Surface and Equipment Sanitizers

Dimethyl Ethyl Benzyl Ammo: = 400 at Degrees Fahrenheit

Location: Great Value Sani Wipes

Violation Issued: No

Hot Water: = at 180 Degrees Fahrenheit

Location: Dish Machine

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/Milk

Temperature: 41 Degrees Fahrenheit - Location: Kitchen Refrigerator

Violation Issued: No

Process/Item: Cold Hold/Cream Cheese

Temperature: 40 Degrees Fahrenheit - Location: Kitchen Refrigerator

Violation Issued: No

Process/Item: Cold Hold/Prune Juice

Temperature: 45 Degrees Fahrenheit - Location: Mini Refrigerator

Violation Issued: Yes

Process/Item: Cold Hold/Whipping Cream

Temperature: 48 Degrees Fahrenheit - Location: Mini Refrigerator

Violation Issued: Yes

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

Inspection conducted by Chris F.

All violations discussed with Kristine during the inspection.

NOTES:

Type: Full
Date: 12/11/23
Time: 11:00:00
Report: 1031231321
Scenic Hills Care

Food and Beverage Establishment Inspection Report

- Establishment has a residential kitchen (4626.0506(G)(2)) Same-day service only. No saving and reheating of foods or preparation of foods the day prior to eating. Any remaining food from meals to be removed/discarded at end of day.
- Make sure to datemark any prepared cold items that are kept in refrigerator.
- Employee food needs to be labeled and separated from resident's food.
- - Establishment needs to check dish washer utensil temperature weekly (160F required). If utensil temp not reaching 160F, use washer to wash/rinse and sink basin with sanitizer solution to sanitize dishes then air dry, as discussed during inspection.
- 2-Comp sink is not for handwashing. Handwash sink is next to kitchen (tub sink).
- Establishment to discontinue use of Mr Clean product in kitchen.
- Establishment is required to have sanitizer and proper sani test strips on site at all times in case of dish machine failure, and to test sani wipes and other chemicals.
- Downstairs kitchen is not used, except for freezer storage.

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

I acknowledge receipt of the Environmental Health inspection report number 1031231321 of 12/11/23.

Certified Food Protection Manager Kristine M. Oswald

Certification Number: FM89754 Expires: 07/02/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

Kristine Oswald
Person in Charge

Signed: _____

Chris Foster
Public Health Sanitarian II
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us

Report #: 1031231321

Food Establishment Inspection Report



**Environmental Health
Food, Pools, and Lodging**
625 Robert St. N
St. Paul

No. of RF/PHI Categories Out

2

Date 12/11/23

No. of Repeat RF/PHI Categories Out

0

Time In 11:00:00

Legal Authority MN Rules Chapter 4626

Time Out

Scenic Hills Care	Address 1990 Queens Ave	City/State Lake St. Croix, MN	Zip Code 55043	Telephone
License/Permit # N395866	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 checked="" type="radio"/> N/O		
Proper cooking time & temperature			
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" 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 checked="" type="radio"/> N/O		
Proper cooling time & temperature			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" 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			
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 checked="" 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 checked="" 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 type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Wiping cloths: properly used & stored			
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 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			
48	<input checked="" type="radio"/> X		
Warewashing facilities: installed, maintained, & used; test strips			
49	<input checked="" type="radio"/> X		
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 checked="" type="radio"/> X		
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: 12/11/23

Inspector (Signature)