Electronically Delivered

July 25, 2024

Licensee
North Star Assisted Living
400 South McKinley Street
Warren, MN 56762

RE: Project Number(s) SL29839015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 2, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

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

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

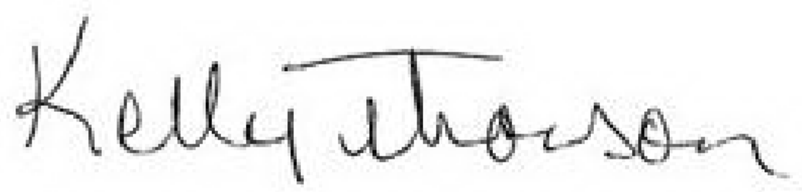
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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

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

If you have any questions, please contact me.

Sincerely,



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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29839	A. BUILDING: _____ B. WING _____	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH STAR ASSISTED LIVING	400 SOUTH MCKINLEY STREET WARREN, MN 56762

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL29839015 On July 1, 2024, through, July 2, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 12 residents; 11 receiving services under the provider's Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (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 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 July 2, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 630 SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the	0 630		

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0 630	Continued From page 2 person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of three residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on July 1, 2024, at 12:09 p.m., licensed assisted living director (LALD)-A stated the licensee was familiar with current minimum assisted living requirements. R2 was admitted to the assisted living facility on February 2, 2022, however, R2 did not receive one or more of the assisted living services as outlined in 144G.08, Subd. 9., (1)-(13). R2's record lacked documentation of a developed IAPP identifying areas of vulnerability with interventions for the resident's risk of abusing	0 630		

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0 630	Continued From page 3 other vulnerable adults, resident's risk of susceptibility to be abused by other vulnerable adults, and resident's risk for self-abuse. On July 2, 2024, at 8:31 a.m., clinical nurse supervisor (CNS)-B stated R2's IAPP must have been missed and the licensee was aware all residents at the facility must have an IAPP. The licensee's Individual Abuse and Prevention Plan policy dated July 15, 2022, indicated [licensee name] will develop and implement an IAPP for each vulnerable adult. All residents in an assisted living are categorically considered vulnerable adults. The abuse prevention plan for those residents who do not receive any assisted living services may be very limited given the lack of information the facility knows about such individuals. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by:	0 970		

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0 970	Continued From page 4 Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. 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 the potential to affect a large portion or all the residents). The findings include: During the entrance conference on July 1, 2024, at 12:36 p.m., licensed assisted living director (LALD)-A stated the same assisted living contract was used for all residents at the facility. The licensee's Assisted Living Contract: Terms and Conditions dated August 2022, included the following written clauses that the resident would waive the facility's liability for health, safety, or personal property of the resident: -page nine: section 17: In the event Resident [sic] is unable to take possession of the Apartment [sic] for any reason other than the unavailability of the same, Resident [sic] agrees that Provider [sic] is not liable for damages or monetary loss incurred by Resident [sic] as a result of Resident's [sic] inability to occupy the Apartment on the date anticipated in this Agreement [sic]; -page nine: section 18: Resident agrees Provider [sic] is not responsible for any loss or damage to Resident's [sic] personal property due to any reason or cause, including theft, other than	0 970		

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0 970	Continued From page 5 Provider's [sic] own negligence. Resident further agrees that Provider [sic] is not responsible for damage to Resident's [sic} personal property due to fire, water, tornado or other acts of nature and events beyond Provider's [sic] control; -page 12; section 23: Resident will indemnify and hold harmless Provider [sic], its employees, officers, managers, owners and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of, or caused wholly or in part by, an act or omission of Resident or Resident's guests or agents [sic]; and -page 13: section 25: Provider is not liable to Resident or Resident's [sic] guests for any injury, death or property damage occurring in the Apartment [sic] or on Provider's [sic} premises unless such injury, death or property damage occurs as the result of Provider's [sic] own negligent acts or omissions, or those of its employees, officers, managers, owners or agent. Provider is also not liable for any injury, death or damage occurring as the result of Resident's [sic] receipt of health-related, supportive or other services from third-party providers. Resident agrees to hold Provider [sic] harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Apartment [sic] or on Provider's [sic] premises. On July 1, 2024, from 3:16 p.m. through 3:21 p.m., LALD-A stated the licensee would not waive all responsibility from the facility for resident's health, safety, or personal property and the contract had been in the process of revision. LALD-A further stated LALD-A would have to contact the licensee's lawyer to know for sure if the above written statements waived the	0 970		

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0 970	Continued From page 6 licensee's liability for health, safety, or personal property. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to:	01060		

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01060	Continued From page 7 (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide written notice with required content to the resident, legal representative, and designated representative: and failed to provide the notification to the Office of Ombudsman for Long-Term Care (OOLTC) when the resident did not return from the emergency relocation within four days for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on July 1, 2024, at 12:09 p.m., licensed assisted living director	01060		

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01060	Continued From page 8 (LALD)-A stated the licensee was familiar with current minimum assisted living requirements. The licensee's Discharged Resident/Client Roster dated January 1, 2024, through July 1, 2024, indicated R1 was admitted on January 25, 2024, and was discharged on February 20, 2024. R1's Service Plan dated January 25, 2024, indicated R1 received medication administration, assistance with bathing, grooming, laundry, and light housekeeping. R1's Med (medication) Admin (administration) Summary dated February 2024, indicated R1 went to the hospital on January 31, 2024, until February 7, 2024. R1's Discharge/ Transfer Summary dated February 20, 2024, indicated R1 was transferred to a skilled nursing facility. R1's record lacked a written notice that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the OOLTC; - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.	01060		

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01060	Continued From page 9 In addition, R1's record lacked notification to the OOLTC that the resident had been relocated and had not returned to the facility within four days. On July 1, 2024, at 2:20 p.m., clinical nurse supervisor (CNS)-B stated CNS-B was unable to locate an emergency relocation for R1 and confirmed R1 was hospitalized longer than four days. On July 2, 2024, at 8:30 a.m., CNS-B stated the emergency relocation for R1 must have missed and a staff member at the facility was aware of the requirement for emergency relocation. The licensee's Emergency Relocation policy dated January 20, 2023, indicated the facility would provide a written notice to the resident, legal representative, and designated representative as soon as practicable, that contained the following: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the OOLTC; - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal. In addition, the policy indicated the OOLTC would receive the above noted information from the licensee if the resident had been relocated and had not returned to the facility within four days. No further information was provided.	01060		

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01060	Continued From page 10 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to monitor for expired medications for one of two residents (R5). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on July 1, 2024, at 12:14 p.m., clinical nurse supervisor (CNS)-B and licensed assisted living director (LALD)-A stated the licensee provided medication management services to residents at the facility. On July 2, 2024, at 8:30 a.m., the surveyor	01890		

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01890	Continued From page 11 reviewed the medication cart with unlicensed personnel (ULP)-C and observed R5's Triamcinolone 0.025% cream expired on February 28, 2023. On July 2, 2024, at 8:30 a.m. ULP-C stated the licensed nursing staff remove expired medications from the medication cart. On July 2, 2024, at 9:05a.m., CNS-B stated ULPs were trained to check expiration dates during medication passes. The licensee's Medication Disposal policy dated May 7, 2024, indicated expired medication managed by the facility will be disposed of according to the accepted practices of the Minnesota board of pharmacy and the labels from the containers would be destroyed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29839	A. BUILDING: _____ B. WING _____	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH STAR ASSISTED LIVING	400 SOUTH MCKINLEY STREET WARREN, MN 56762

(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
01910	Continued From page 12 and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record all required content for disposition of the medications for one of one resident (R1) upon discharge. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on July 1, 2024, at 12:14 p.m., clinical nurse supervisor (CNS)-B and licensed assisted living director (LALD)-A stated the licensee provided medication management services to residents at the facility. The licensee's Discharge Resident/Client Roster dated July 1, 2024, indicated R1 was admitted to the facility on January 25, 2024, and discharged on February 20, 2024.	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29839	A. BUILDING: _____ B. WING _____	07/02/2024

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01910	Continued From page 13 R1's diagnoses included end stage heart failure, hypertension (HTN-high blood pressure), and pulmonary fibrosis (scarred lungs) R1's service plan dated January 25, 2024, indicated R1 received medication administration six times per day. R1's Med (medication) Admin (administration) Summary dated January 2024, indicated R1 received the following medications: -levothyroxine sodium (for thyroid) 25 micrograms (mcg) daily -pantoprazole sodium (for acid reflux) 40 milligrams (mg) daily -albuterol (for pulmonary fibrosis) 2.5 mg four times daily -calcium carbonate-vitamin D (supplement) 600-400 mg twice daily -carvedilol (for heart failure) 6.25 mg twice daily -clopidogrel (for heart failure) 75 mg twice daily -ferrous sulfate (supplement) 324 mg twice daily -furosemide (for heart failure) 20 mg daily -hydralazine hydrochloride (for heart failure) 10 mg daily -senna-lax (for constipation) 8.6-50 mg twice daily -Symbicort (for pulmonary fibrosis) 160-4.5 mcg/actuation (act) -verapamil (antihypertensive) 180 mg daily -vitamin b-12 (supplement) 1000 mg daily -gabapentin (for pain) 300 mg daily -melatonin (sleep aid) 3 mg daily -sertraline hydrochloride (antidepressant) 25 mg daily R1's prescriber orders dated January 25, 2024, included the above noted medications. R1's Discharge/Transfer form dated February 20,	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29839	A. BUILDING: _____ B. WING _____	07/02/2024

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01910	Continued From page 14 2024, indicated R1 was transferred to a skilled nursing facility. R1's undated Scheduled Medications Form listed the above noted medications, however, lacked the date of disposition, names of staff or other individuals involved in the disposition, and all prescription numbers for any applicable medications. On July 2, 2024, at 8:31 a.m., CNS-B stated R1's medication disposition did not contain all required content for medication disposition and the licensee was aware prescription numbers along with signatures of staff completing the medication disposition must be documented. The licensee's Medication Disposal policy dated May 7, 2024, indicated upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		

DEPARTMENT OF HEALTH

Type: Full
Date: *07/02/24*
Time: 07:56:42
Report: 1019241077

Food and Beverage Establishment Inspection Report

Location:

North Star Assisted Living
400 South Mckinley Street
Warren, MN56762
Marshall County, 45

Establishment Info:

ID #: 0038870
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2187454215
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.

4-300 Equipment Numbers and Capacities

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

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

OBSERVED FACILITY DOES NOT HAVE A WAY TO TEST THE SURFACE CONTACT TEMPERATURE OF THE HOT WATER DISH MACHINE.
CORRECTION: OBTAIN EITHER A WATERPROOF HIGH TEMP RECORDING THERMOMETER OR 160 F WAX STRIPS TO TEST DISH MACHINE WEEKLY.

Comply By: 07/03/24

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	1	0

DISCUSSION:
ALL FOOD PREP IS DONE AT THE ATTACHED NURSING HOME LICENSED KITCHEN. FOOD IS HOT HELD DURING TRANSPORTATION. ALL TCS FOOD ITEMS ARE TEMPED AND RECORDED AFTER TRANSPORT. TEST AND RECORD WEEKLY.

Type: Full
Date: *07/02/24*
Time: 07:56:42
Report: 1019241077
North Star Assisted Living

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the inspection report number 1019241077 of 07/02/24.

Certified Food Protection Manager: KELSEY K. KASPROWICZ

Certification Number: FM 96025 Expires: 10/20/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
KELSEY K. KASPROWICZ
FOOD SERVICE DIRECTOR

Signed: _____
Jared Morrill
Sanitarian
Bemidji
218 308-2128