



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 9, 2023

Licensee
Highland GW LLC
1925 Graham Avenue
Saint Paul, MN 55116

RE: Project Number(s) SL31337015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on January 6, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

LICENSING ORDERS

The enclosed State Form documents the state licensing orders. The Department of Health 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 and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this evaluation of your facility.**

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 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 Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:

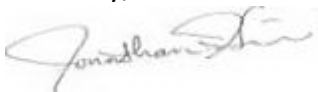
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Jonathan Hill, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-215-9697

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2023
NAME OF PROVIDER OR SUPPLIER HIGHLAND GW LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1925 GRAHAM AVENUE SAINT PAUL, MN 55116		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****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: SL31337015</p> <p>On January 4, 2023, through January 6, 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 27 active residents receiving services under the Assisted Living/ Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level pursuant to 144G.31 Subd. 1, 2 and 3.</p>	
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>	0 480		

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

TITLE

(X6) DATE

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0 480	<p>Continued From page 1</p> <p>(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:</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: Based on observation, interview, and record review, the licensee failed to comply with Minnesota Food Code, Chapter 4626. This had the potential to affect all 27 residents residing at the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client'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>Please refer to the additional documentation included in the Food and Beverage Establishment Inspection Reports dated January 5, 2023.</p> <p>TIME PERIOD FOR CORRECTION:</p>	0 480		

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0 480	Continued From page 2 Twenty-One (21) days	0 480		
0 510 SS=D	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control for one of two residents (R1).</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 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).</p> <p>The findings include:</p>	0 510		

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0 510	<p>Continued From page 3</p> <p>R1 lacked infection control procedures to comply with accepted infection control standards.</p> <p>R1 had diagnoses to include dementia and services to include Hoyer lift transfer, toileting, total assistance with cares.</p> <p>On January 5, 2023, at 12:25 p.m., unlicensed personnel (ULP)-E was observed to clean R1's face, chest and provide pericare. Without washing or hand sanitizing her hands, ULP-E cleaned R1's back and buttocks. ULP-E then guided R1's hand to the bedrail with her unclean gloved hands to assist R1 to turn. Without changing gloves, washing or hand sanitizing, ULP-E placed a depends and continued to assist R1 with dressing. ULP-E emptied the water basin in the bathroom, and exited the bathroom wearing the same gloves. ULP-E removed her gloves and hand sanitized her hands.</p> <p>On January 6, 2023, at 12:20 p.m., licensed assisted living director (LALD)-A stated the ULP's are trained in handwashing and application and removal of gloves during resident cares, and are trained to wash their hands or hand sanitize between cares.</p> <p>The licensee's Infection Control-Handwashing policy, dated August 1, 2021, "hand washing will be performed by all employees, as necessary, between tasks and procedures, and after bathroom use, to prevent cross-contaminations."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 510		

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0 550	Continued From page 4	0 550		
0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post in a conspicuous place, information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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</p>	0 550		

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0 550	Continued From page 5 a large portion or all of the clients). The findings include: On January 4, 2023, observations revealed the licensee lacked a posting of the above required content. On January 6, 2023, licensed assisted living director (LALD)-A confirmed the required content noted above had not been posted as required, and stated no policy on required positing was found. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 550		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents and staff. This practice resulted in a level two violation (a	0 800		

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0 800	<p>Continued From page 6</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>On January 4, 2023, approximately from 1:20 p.m. to 3:20 p.m. survey staff toured the facility with the director of maintenance (DOM)-C. During the tour, survey staff observed and the DOM-C verified the following:</p> <ol style="list-style-type: none"> 1. In resident room 7, the carpet flooring was stained. The DOM-C confirmed the finding as he had requested for their maintenance staff to address and clean the carpet during the tour. 2. In resident room 5, an unsanitary odor in the room and the carpet flooring was dirty. The DOM-C confirmed the finding as he had immediately contacted the licensed assisted living director (LALD)-A and his maintenance staff to address the finding. The DOM-C stated that the odor was most likely from the resident's chair and in addition, the resident had continuously denied to receive services from the licensee. At approximately 2:30 p.m., the LALD-A stopped by and explained to survey staff that the resident consistently denied services they provide. 3. In the basement, plumbing fixtures in the maintenance supply room and the restroom had the water supply turned off. The DOM stated the plumbing fixtures in the basement were no longer being used and the water lines have been turned off. Survey staff explained if the plumbing fixtures were no longer used and no water is provided to replenish the plumbing fixture traps, the dried-out plumbing traps will continuously expose the 	0 800		

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0 800	<p>Continued From page 7</p> <p>building environment to sewer gas creating unsafe and health risks to residents and employees over time.</p> <p>4. The sprinkler riser room (basement) had no protected ceiling from the first floor to maintain the fire rating of the room/floor. Survey staff observed exposed piping and can hear the wood floor from the main level without sheetrock.</p> <p>5. No carbon monoxide alarms and/or detection systems were provided near or in sleeping rooms with forced air heating systems, or in mechanical rooms with fuel-burning appliances for compliance buildings with fuel-burning equipment/appliance in accordance with state law. The finding was evident as the DOM-C was located only in the commercial kitchen. Review with the local administrative authority for compliance with the law.</p> <p>More information on carbon monoxide statutory requirements can be found at https://dps.mn.gov/divisions/sfm/document-library/Documents/Fire%20Code%20Information%20Sheets/CarbonMonoxideAlarmInfoSheet072909.pdf</p> <p>6. The installation of the chemical soap dispenser connected to the faucet of the mop sink located inside the commercial kitchen on the first floor lacked a pressure bleeding device to provide for proper cross-connection protection of the building water supply system from contamination.</p> <p>7. The control panels located within the corridors of the memory care building were not secured from resident access.</p> <p>On January 4, 2023, at approximately 4:00 p.m., during the exit interview, the DOM-C and the licensed assisted living director (LALD)-A acknowledged the above findings.</p> <p>No further information was provided.</p>	0 800		

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0 800	Continued From page 8	0 800		
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days			
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for 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.	0 810		

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0 810	<p>Continued From page 9</p> <p>This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to provide all required content on the fire safety and evacuation plan. This has the potential to directly affect the safety of all residents receiving care, 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 January 4, 2023, at approximately 3:30 p.m., survey staff received and reviewed the fire safety and evacuation documentation, evacuation drill, and training documentation provided by the licensed assisted living director (LALD)-A and the director of maintenance (DOM)-C. A documentation review and interview were performed with the LALD-A and DOM-C at approximately 4:00 p.m. indicating the following:</p> <ol style="list-style-type: none"> 1. The plan documentation lacked a current building layout plan with the identification of sleeping locations and the number of sleeping rooms for each floor. The finding was verified by the DOM-C as he added and edited the resident rooms on the layout with a permanent marker. 2. The plan documentation lacked fire protection procedures for the residents. Documentation was requested from the LALD-A but was not provided. 	0 810		

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0 810	Continued From page 10 On January 4, 2023, at approximately 4:00 p.m., during the exit interview, the DOM-C and the licensed assisted living director (LALD)-A acknowledged the above findings and agreed to update their fire safety and evacuation plan to reflect the requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) day	0 810		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.	0 900		

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0 900	<p>Continued From page 11</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to develop and execute an assisted living written contract with a resident to include all required content for one of three residents (R3) with records reviewed.</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 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).</p> <p>The findings include:</p> <p>R3's record lacked a written assisted living contract to include all terms concerning the provision of services as required:</p> <p>(1) housing, (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and, (3) the resident's service plan, if applicable</p>	0 900		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2023
NAME OF PROVIDER OR SUPPLIER HIGHLAND GW LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1925 GRAHAM AVENUE SAINT PAUL, MN 55116		
(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
0 900	Continued From page 12 R3's record lacked evidence the contract had been fully executed as the facility must have: - offered to prospective residents and provided to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; - given a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum had been signed; and, - the facility must have offered the resident the opportunity to identify a designated representative. On January 6, 2023, at 12:15 p.m., the licensed assisted living director (LALD)-A stated that she could not locate a written contract for R3. The licensee's Signing an Assisted Living Contract policy, dated August 1, 2021, directed a signed assisted living contract be executed by the facility for all residents. The policy lacked information on the required content of an assisted living contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2023
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02040	<p>Continued From page 13</p> <p>property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.</p> <p>This MN Requirement is not met as evidenced by: Based on the document review and interview, the licensee failed to develop a hazard vulnerability or safety risk assessment plan to identify hazard vulnerabilities and mitigations on and around the property to protect memory care residents from harm. This has the potential to directly affect staff, visitors, and all memory care residents receiving assisted living services.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients).</p> <p>The findings include:</p> <p>On January 4, 2023, at approximately 1:00 p.m., survey staff requested documentation from the facility's hazard vulnerability and mitigation assessment plan to protect memory care residents from harm from the licensed assisted living director (LALD)-A for review.</p> <p>On January 4, 2023, at approximately 4:00 p.m., during the interview, survey staff again requested from the LALD-A for the facility's hazard</p>	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2023
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02040	<p>Continued From page 14</p> <p>vulnerability and mitigation assessment plan to protect memory care residents from harm and the LALD-A stated they did not have one. Documentation was requested and one was not provided.</p> <p>On January 4, 2023, at approximately 4:00 p.m., during the exit interview, LALD-A acknowledged the above findings. Survey staff explained to the LALD-A, the licensee must develop a site-specific hazard vulnerability and mitigation assessment plan to protect memory care residents from harm.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) day</p>	02040		



Minnesota Department of Health
Food, Pools, and Lodging Services
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 01/05/23
Time: 12:45:00
Report: 1013231043

Food and Beverage Establishment Inspection Report

Page 1

Location:

Highland Gw Llc
1925 Graham Avenue
St Paul, MN55116
Ramsey County, 62

Establishment Info:

ID #: 0037564
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6514930267
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.

FACILITY HAS A HOT WATER SANITIZING DISH MACHINE. NO TEST KIT MEETING THE ABOVE REQUIREMENTS WAS AVAILABLE. COMPLY WITH ABOVE RULE.

Comply By: 01/16/23

6-300 Physical Facility Numbers and Capacities

6-301.12

**** Priority 2 ****

MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

PAPER TOWEL DISPENSER WAS EMPTY LOCATED AT THE KITCHEN HAND WASHING SINK. THE SINK WAS IDENTIFIED AS A HAND WASHING SINK BY STAFF. COMPLY WITH ABOVE RULE. STAFF STOCKED PAPER TOWELS.

Corrected on Site

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

NO MN CERTIFIED FOOD PROTECTION MANAGER WAS EMPLOYED AT THE FACILITY. COMPLY WITH ABOVE RULE. THE MN CFPM INFORMATION WAS PROVIDED.

Comply By: 04/05/23

Type: Full
Date: 01/05/23
Time: 12:45:00
Report: 1013231043
Highland Gw Llc

Food and Beverage Establishment Inspection Report

Page 2

4-600 Cleaning Equipment and Utensils

4-602.12

MN Rule 4626.0850 Clean the food contact surfaces of cooking and baking equipment and interior cavities of microwave ovens at least every 24 hours.

FOOD DEBRIS AND GRIME WERE INSIDE THE KITCHEN MICROWAVE. CLEAN AND MAINTAIN CLEAN. COMPLY WITH ABOVE RULE.

Comply By: 01/05/23

4-900 Protecting Clean Items

4-903.11A

MN Rule 4626.0955A Store all clean equipment, utensils, linens, single-service and single-use articles in a clean dry location where not exposed to splash, dust, or other contamination and at least six inches above the floor.

SANITIZER BUCKETS WERE STORED DIRECTLY ON TOP OF CLEAN SHEET TRAYS LOCATED BELOW THE KITCHEN PREP TABLE. COMPLY WITH ABOVE RULE. THE SANITIZER BUCKETS WERE MOVED BELOW AND AWAY FROM CLEAN WARE.

Corrected on Site

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

FOOD DEBRIS AND DUST WERE ON THE FLOOR BELOW THE COOK LINE PREP TABLE AND STORAGE RACK. CLEAN AND MAINTAIN CLEAN. COMPLY WITH ABOVE RULE.

Comply By: 01/05/23

Surface and Equipment Sanitizers

Quaternary Ammonia: = 300 ppm at Degrees Fahrenheit

Location: Sanitizer - prep area

Violation Issued: No

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit

Location: Sanitizer - cook line

Violation Issued: No

Hot Water: = at 165 Degrees Fahrenheit

Location: Dish machine

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Milk

Temperature: 40 Degrees Fahrenheit - Location: Tall cooler

Violation Issued: No

Process/Item: Cheese

Temperature: 41 Degrees Fahrenheit - Location: Tall cooler

Violation Issued: No

Type: Full
Date: 01/05/23
Time: 12:45:00
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Highland Gw Llc

Food and Beverage Establishment Inspection Report

Page 3

Process/Item: Eggs
Temperature: 41 Degrees Fahrenheit - Location: Tall cooler
Violation Issued: No

Process/Item: Turkey
Temperature: 39 Degrees Fahrenheit - Location: Tall cooler 2
Violation Issued: No

Process/Item: Chopped lettuce
Temperature: 40 Degrees Fahrenheit - Location: Tall cooler 2
Violation Issued: No

Process/Item: Onion rings
Temperature: 16 Degrees Fahrenheit - Location: Freezer
Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		0	2	4

Discussed serving highly susceptible populations, illness policy, cleaning, ware washing, produce washing, final cook temperatures, temperature control, date marking, sanitizer use, and food handling procedures.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1013231043 of 01/05/23.

Certified Food Protection Manager: _____

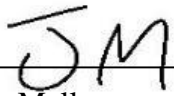
Certification Number: _____ Expires: ____ / ____ / ____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Tremaine Penro
Food Manager

Signed: _____


Jerry Malloy
Public Health Sanitarian
FPLS Metro
651-201-3998
jerry.malloy@state.mn.us