



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 9, 2023

Licensee
Heritage Pointe Senior Living
207 North 4th Street
Marshall, MN 56258

RE: Project Number(s) SL29446015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on December 9, 2022, 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 . . ."

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 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.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The Department of Health imposes 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 Department of Health 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 (a)(5)(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 evaluation:

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

The total amount you are assessed is \$500.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

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. Requests for hearing may be emailed to

Health.HRD.Appeals@state.mn.us.

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.

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,



Jess Gallmeier, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jess.gallmeier@state.mn.us
Phone: 651-201-3789 Fax: 651-215-9697

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29446	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2022
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NAME OF PROVIDER OR SUPPLIER HERITAGE POINTE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 207 NORTH 4TH STREET MARSHALL, MN 56258
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>Initial comments *****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: SL29446015</p> <p>On December 5, 2022, through December 6, 2022, 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 sixty (60) residents with fifty-nine (59) residents receiving services under the provider's 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.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents:</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 ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all residents in the Assisted Living Dementia Care facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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).</p> <p>The findings include:</p> <p>Please refer to the included document titled, Food and Beverage Establishment Inspection Report,</p>	0 480		

Minnesota Department of Health

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0 480	Continued From page 2 dated December 7, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (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. (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. (c) The facility must maintain written evidence of compliance with this subdivision. 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. The deficient practice had the potential to affect residents, employees, 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 the potential to affect all staff, residents	0 510		

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0 510	<p>Continued From page 3 and visitors.)</p> <p>The findings include:</p> <p>On December 5, 2022, at approximately 11:48 a.m., unlicensed personnel (ULP)-B knocked on R1's door, entered room, and explained to R1 that ULP-B would be providing medications to R1. ULP-B went to locked medication cupboard, unlocked door with key, obtained medication card and compared label on card with medication administration record (MAR) on an electronic tablet. ULP-B then removed a pill from medication blister pack and pill was placed into a small cup. ULP-B went to table next to R1 and obtained a glass that had water in it. ULP-B proceeded to go to kitchen sink, dump water out of glass into sink, went to refrigerator with glass and obtained a plastic bottle of water which ULP-B then dispensed water into the used glass. ULP-B brought glass of water to R1 and placed medication into R1's hand while handing R1 the glass of water. R1 consumed the medication and drank some of the water in the glass. R1 then handed glass of water to ULP-B who returned to kitchen sink and dumped glass of water into sink. ULP-B brought empty used glass to R1. ULP-B went to electronic tablet and documented administration of medication, asked if R1 needed anything else, and proceeded to open door and leave room.</p> <p>On December 5, 2022, at 1:20 p.m., registered nurse (RN)-A stated all ULPs had been trained and instructed to wash hands by the RN after every application of medication administration.</p> <p>The licensee's Medication Administration policy dated February 2019, indicated hands should always be washed before setting up medications</p>	0 510		

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0 510	Continued From page 4 or at any time during the process if contamination has occurred. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the	01620		

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01620	<p>Continued From page 5</p> <p>licensee failed to ensure the registered nurse (RN) completed a 14-day reassessment using the uniform assessment tool for three of three residents (R1, R2, R7).</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>R1 was admitted to the licensee on October 31, 2022. R1's diagnosis was bradycardia.</p> <p>R1's record lacked any 14-day nursing assessment.</p> <p>R2 was admitted to the licensee on July 20, 2021. R2's diagnosis was type II diabetes.</p> <p>R2's record lacked any 14-day nursing assessment.</p> <p>R7 was admitted to the licensee on September 6, 2022. R1's diagnoses included type II diabetes.</p> <p>R7's record lacked any 14-day nursing assessment.</p> <p>During the entrance conference on December 5, 2022, at approximately 11:00 a.m., RN-A stated the RN was responsible for completing the resident's nursing assessments.</p> <p>During an interview on December 5, 2022, at</p>	01620		

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01620	<p>Continued From page 6</p> <p>approximately 12:45 p.m., RN-A stated she believed she had completed both R1 and R2's nursing assessments but did not know at the time where these assessments would be located. RN-A stated that they are currently using an electronic medical record system, but some assessments were done on paper. RN-A stated she would look for the assessments and provide to the surveyor.</p> <p>The licensee's Comprehensive Assessment schedule dated March 2021, indicated nurses would complete client monitoring and reassessment within fourteen days of initiation of services.</p> <p>No further information was provided.</p> <p>TIME PERIOD TO CORRECT: Seven (7) days</p>	01620		



Type: Full
Date: 12/07/22
Time: 10:45:00
Report: 1030221010

Food and Beverage Establishment Inspection Report

Location:

Heritage Pointe Senior Living
207 North 4th Street
Marshall, MN56258
Lyon County, 42

Establishment Info:

ID #: 0038941
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5073374330
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.

Observed temperature of butter in True cooler in memory care kitchen at 42.5 F. Ambient temperature 45 F. TCS food items will be moved to main kitchen. Refrigeration maintenance service called to repair unit.

Comply By: 12/07/22

4-200 Equipment Design and Construction

4-203.12 ** Priority 2 **

MN Rule 4626.0560 Replace ambient air and water temperature measuring devices that are not accurate to plus or minus 3 degrees F.

Observed ambient air thermometers in under counter cooling units in main kitchen and in galley next to main kitchen reading 5 to 10 degrees F less then actual ambient temperature. Maintenance went to purchase and replace the day of inspection.

Comply By: 12/07/22

2-100 Supervision

2-102.12AMN

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

Observed no MN CFPM employed. The dietary manager has complete the initial course work. She will take the exam end of December and complete the MN certificate application process in Jan. Provided and reviewed the CFPM fact sheet.

Comply By: 01/13/23

Type: Full
Date: 12/07/22
Time: 10:45:00
Report: 1030221010
Heritage Pointe Senior Living

Food and Beverage Establishment Inspection Report

4-200 Equipment Design and Construction

4-204.112A

MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.

Observed no ambient thermometers provided inside the walk-in cooler or walk-in freezer. Maintenance went to purchase and replace the day of inspection.

Comply By: 12/07/22

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

Observed True cooler in memory care unit does not maintain TCS food below 41 F. Also, observed cooler log indicating temperatures recorded above 41 F when monitored by staff with no correction noted to ensure maintains temperature. Maintenance called.

Comply By: 12/08/22

Surface and Equipment Sanitizers

Quaternary ammonium: = 400 ppm at Degrees Fahrenheit
Location: bucket top of dish machine Memory Care Unit kitchen
Violation Issued: No

Quaternary ammonium: = 300 ppm at Degrees Fahrenheit
Location: spray bottle near handwash sink Memory Care Unit kitchen
Violation Issued: No

Quaternary ammonium: = 400 ppm at Degrees Fahrenheit
Location: spray bottle galley near main kitchen
Violation Issued: No

Quaternary ammonium: = 300 ppm at Degrees Fahrenheit
Location: bucket near three comp sink
Violation Issued: No

Quaternary ammonium: = 300 ppm at Degrees Fahrenheit
Location: bucket near food prep line
Violation Issued: No

Hot water: = at 162.0 Degrees Fahrenheit
Location: Dish machine main kitchen
Violation Issued: No

Hot water: = at 161.4 Degrees Fahrenheit
Location: Dish machine Memory Care Unit kitchen
Violation Issued: No

Food and Equipment Temperatures

Type: Full
Date: 12/07/22
Time: 10:45:00
Report: 1030221010
Heritage Pointe Senior Living

Food and Beverage Establishment Inspection Report

Process/Item: Pork fritters
Temperature: 145.3 Degrees Fahrenheit - Location: Memory Care kitchen steam table
Violation Issued: No

Process/Item: gravy
Temperature: 158.3 Degrees Fahrenheit - Location: Memory Care kitchen steam table
Violation Issued: No

Process/Item: mixed veggies
Temperature: 146.7 Degrees Fahrenheit - Location: Memory Care kitchen steam table
Violation Issued: No

Process/Item: stuffing
Temperature: 184.3 Degrees Fahrenheit - Location: Memory Care kitchen steam table
Violation Issued: No

Process/Item: Pork fritters
Temperature: 195.5 Degrees Fahrenheit - Location: Main kitchen steam table
Violation Issued: No

Process/Item: stuffing
Temperature: 192.3 Degrees Fahrenheit - Location: Main kitchen steam table
Violation Issued: No

Process/Item: gravy
Temperature: 194.9 Degrees Fahrenheit - Location: Main kitchen steam table
Violation Issued: No

Process/Item: milk
Temperature: 37.5 Degrees Fahrenheit - Location: Main kitchen walk-in cooler
Violation Issued: No

Process/Item: ambient
Temperature: 40.1 Degrees Fahrenheit - Location: Main kitchen walk-in cooler
Violation Issued: No

Process/Item: ambient
Temperature: -4.0 Degrees Fahrenheit - Location: Main kitchen walk-in freezer
Violation Issued: No

Process/Item: apple sauce
Temperature: 32.3 Degrees Fahrenheit - Location: Main kitchen under counter cooler
Violation Issued: No

Process/Item: mixed veggies
Temperature: 197.4 Degrees Fahrenheit - Location: Main kitchen steam table
Violation Issued: No

Process/Item: ambient
Temperature: 28.0 Degrees Fahrenheit - Location: Main kitchen under counter cooler
Violation Issued: No

Type: Full
Date: 12/07/22
Time: 10:45:00
Report: 1030221010
Heritage Pointe Senior Living

Food and Beverage Establishment Inspection Report

Process/Item: creamer
Temperature: 40.9 Degrees Fahrenheit - Location: Galley near main kitchen under counter cooler
Violation Issued: No

Process/Item: ambient
Temperature: 20.0 Degrees Fahrenheit - Location: Galley near main kitchen under counter cooler
Violation Issued: No

Process/Item: butter
Temperature: 42.3 Degrees Fahrenheit - Location: Memory care kitchen True cooler
Violation Issued: Yes

Process/Item: ambient
Temperature: 45.0 Degrees Fahrenheit - Location: Memory care kitchen True cooler
Violation Issued: Yes

Process/Item: ambient
Temperature: -4 Degrees Fahrenheit - Location: Memory care kitchen True freezer
Violation Issued: No

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

This was an inspection completed in conjunction with MDH Health Regulations Division survey and requested by Elise Jones, HRD team lead.

Food prepared and hot held in second floor main kitchen with service to assisted living. Also, food is transferred to memory care unit and placed in steam table for service.

Violations were discussed with Sarah Dolan, Executive Director and Karlee Hauck, Dietary Manager.

The following was discussed with the dietary manager:

- Employee illness policy and log
- Vomit/fecal incident clean up procedures
- Certified Food Protection Manager and PIC requirements/duties
- Food preparation (same day service)
- Cooling procedures
- Food temperatures
- Thermometer use and calibration
- Handwashing and prevention of bare hand contact
- Date marking procedures
- Sanitizer use and test kit
- Serving highly susceptible populations - use of pasteurized eggs and juice
- Cleaning and sanitizing food contact surfaces and utensils

Type: Full
Date: 12/07/22
Time: 10:45:00
Report: 1030221010
Heritage Pointe Senior 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 1030221010 of 12/07/22.


Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Karlee Hauck
Dietary Manager

Signed:  _____

Denise Schumacher

Marshall DO
denise.schumacher@state.mn.us

Report #: 1030221010

Food Establishment Inspection Report



No. of RF/PHI Categories Out	2	Date	12/07/22
No. of Repeat RF/PHI Categories Out	0	Time In	10:45:00
Legal Authority MN Rules Chapter 4626		Time Out	

Heritage Pointe Senior Living	Address 207 North 4th Street	City/State Marshall, MN	Zip Code 56258	Telephone 5073374330
License/Permit # 0038941	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	Surpervision	COS	R
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC knowledgeable; duties & oversight		
2 <input checked="" type="radio"/> IN <input checked="" 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			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		
12 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" 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 type="radio"/> IN <input type="radio"/> OUT <input checked="" 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	Time/Temperature Control for Safety	COS	R
18 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooking time & temperature		
19 <input 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 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 type="radio"/> N/O	Proper hot holding temperatures		
22 <input checked="" type="radio"/> IN <input checked="" 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 type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Time as a public health control: procedures & records		
Consumer Advisory			
25 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" 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 type="radio"/> IN <input type="radio"/> OUT <input checked="" 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	Safe Food and Water	COS	R
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 <input type="radio"/> N/O	Water & ice obtained from an approved source		
32 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" 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 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 type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Approved thawing methods used		
36 <input checked="" type="radio"/> X	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	Proper Use of Utensils	COS	R
43 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	In-use utensils: properly stored		
44 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Utensils, equipment & linens: properly stored, dried, & handled		
45 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Single-use/single service articles: properly stored & used		
46 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Gloves used properly		
Utensil Equipment and Vending			
47 <input checked="" type="radio"/> X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Warewashing facilities: installed, maintained, & used; test strips		
49 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Non-food contact surfaces clean		
Physical Facilities			
50 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Hot & cold water available; adequate pressure		
51 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Plumbing installed; proper backflow devices		
52 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Sewage & waste water properly disposed		
53 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Toilet facilities: properly constructed, supplied, & cleaned		
54 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Garbage & refuse properly disposed; facilities maintained		
55 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Physical facilities installed, maintained, & clean		
56 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Adequate ventilation & lighting; designated areas used		
57 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Compliance with MCIAA		
58 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature)

Date: 12/09/22

Inspector (Signature)

Dennis Dink