



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 2, 2022

Administrator
Good Samaritan Society - St James
1102 2nd Street South
Saint James, MN 56081

RE: Project Number(s) SL30578015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on October 6, 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.

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, no immediate fines are assessed.

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
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St. Paul, MN 55164-0970

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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,

A handwritten signature in black ink, appearing to read "Jodi Johnson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30578	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2022
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ST JA	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 2ND STREET SOUTH SAINT JAMES, MN 56081
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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: SL30578015</p> <p>On, October 3, 2022, through October 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 20 residents, all of whom received services under the provider's Assisted Living 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 _____

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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 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 included document titled, Food and Beverage Establishment Inspection Report dated October 4, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		

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0 660	Continued From page 2	0 660		
0 660 SS=D	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included documentation of a completed health history and symptom screening, including completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for one of one employee (unlicensed personnel (ULP)-C). In addition, the licensee failed to ensure one of one employee (ULP-C) completed TB training upon hire.</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</p>	0 660		

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0 660	<p>Continued From page 3</p> <p>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> <p>During the entrance conference on May 2, 2022, at approximately 11:05 a.m. with licensed assisted living director (LALD)-A, the surveyor made a request to review the licensee's TB risk assessment. The TB risk assessment dated July 25, 2022, indicated the licensee was a 'low risk.'</p> <p>ULP-C's employee record did not contain the following:</p> <ul style="list-style-type: none"> - documentation of a completed health history and symptom screening; - completion of a two-step TST or other evidence of TB screening such as a blood test; and - documentation of TB training annually <p>The surveyor reviewed records which indicated ULP-C actively provided assisted living services to the licensee's current residents.</p> <p>ULP-C's employee record showed ULP-C had a start date of September 21, 2010, to provide direct care services and oversight of the staff.</p> <p>On October 6, 2022, at approximately 10:26 a.m. LALD-A confirmed ULP-C had not completed the required TB history and symptom screening, a two-step TST or blood test as required, and did not complete TB training upon hire and annually.</p> <p>The licensee's Tuberculosis Control Plan and Screening for Employees policy dated April 4,</p>	0 660		

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0 660	<p>Continued From page 4</p> <p>2022, indicated prior to or upon hire, all employees will be screened for TB risk and for signs or symptoms of active TB disease; a baseline tuberculin skin test (TST) or single TB blood test.</p> <p>The licensee's Tuberculosis Prevention and Control Program - Minnesota policy dated June 13, 2022, indicated all staff shall be educated at hire and annually to identify the signs and symptoms of TB.</p> <p>The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 970 SS=C	<p>144.50 Subd. 5 Waivers of liability prohibited</p> <p>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</p>	0 970		

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0 970	<p>Continued From page 5</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all current residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On October 3, 2022, at approximately 10:55 a.m. a copy of the licensee's contract was requested.</p> <p>The contract included an attachment "Service Agreement" with a clause titled "Hold Harmless" indicating "the resident agrees to hold the agency harmless for any injury or damage which occurs during or after receiving services from the provider unless such injury or damage is solely and directly caused by the provider."</p> <p>On October 5, 2022, at approximately 1:02 p.m. licensed assisted living director (LALD)-A confirmed the licensee's assisted living contract</p>	0 970		

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0 970	Continued From page 6 included the Service Agreement and contained a waiver of liability as stated above. LALD-A further confirmed the same assisted living contract was used for all residents at the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's	01500		

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01500	<p>Continued From page 7</p> <p>disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two employees (unlicensed personnel (ULP)-C) received at least eight hours of annual training for each 12 months of employment.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	01500		

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01500	<p>Continued From page 8</p> <p>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:</p> <p>ULP-C employee records lacked evidence of eight hours of annual training.</p> <p>ULP-C had a hire date of September 21, 2010, and provided comprehensive home care services for the licensee until August 1, 2021, when the licensee obtained an assisted living license.</p> <p>On October 5, 2022, at 3:15 p.m. licensed assisted living director (LALD)-A confirmed ULP-C had not completed annual training since the inception of the assisted living licensure.</p> <p>The licensee's Required Training for All employees, Minnesota Assisted Living dated May 13, 2022, indicated direct-care staff must complete at least eight hours of annual training for each 12 months of employment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01500		
01620 SS=D	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident</p>	01620		

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01620	<p>Continued From page 9</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure the registered nurse (RN) completed a 14-day reassessment after services were initiated for one of two residents (R2.)</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>	01620		

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01620	<p>Continued From page 10</p> <p>The findings include:</p> <p>R2 began receiving services at the assisted living facility on September 1, 2022, with a diagnosis of diabetes.</p> <p>On October 4, 2022, at approximately 8:41 a.m. ULP-C was observed to administer prescribed medications to R2.</p> <p>R2's service plan dated September 1, 2022, indicated the resident received services to include medication administration, blood glucose check, showers, dressing, meal preparation, laundry and housekeeping.</p> <p>R2's initial RN assessment Client Evaluation was dated August 10, 2022, on paper and the RN proceeded to enter that assessment into an electronic medical record on August 31, 2022.</p> <p>R2's following Nurse Re-Assessment Visit form (intended as the 14-day reassessment) was dated September 1, 2022 (one day following the initial assessment and the same day R2 began receiving services).</p> <p>On October 4, 2022, at approximately 4:52 p.m. clinical nurse supervisor (CNS)-B confirmed R2's 14-day re-assessment had not been completed within 14 days, as required.</p> <p>The licensee's Resident Medical Record Documentation Requirements - Minnesota policy dated May 13, 2022, indicated an initial pre-admission assessment must be conducted by a Registered Nurse (RN) on all prospective residents before the occupancy agreement is signed. In addition, a Uniform Assessment must be completed, and the service plan finalized</p>	01620		

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ST JA	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 2ND STREET SOUTH SAINT JAMES, MN 56081
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01620	Continued From page 11 within 14 calendar days after initiation of services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01650 SS=A	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.	01650		

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01650	<p>Continued From page 12</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for one of two residents (R1).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at 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:</p> <p>R1 R1 began receiving services under the assisted living licensure on August 1, 2021.</p> <p>R1's Service Plan effective March 1, 2021, indicated R1's services included assistance with bathing, and medication administration.</p> <p>R1's service plan lacked the schedule and methods of monitoring staff providing services.</p> <p>On October 5, 2022, at approximately 1:02 p.m. licensed assisted living director (LALD)-A confirmed the service plan did not include the content included above.</p> <p>The licensee's Resident Service Plan - Assisted Living dated October 3, 2022, did not include the content of the Resident Service plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01650		

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01730 SS=F	<p>144G.71 Subd. 5 Individualized medication management plan</p> <p>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:</p> <ol style="list-style-type: none"> (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. <p>(b) The medication management record must be current and updated when there are any changes.</p>	01730		

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01730	<p>Continued From page 14</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop an individualized medication management plan with the required content 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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On October 4, 2022, at approximately 8:20 a.m. unlicensed personnel (ULP)-C was observed to administer oral medications to R1.</p> <p>R1's service plan dated March 1, 2021, indicated medication administration was assigned to ULP.</p> <p>R1's Medication Review dated March 1, 2021, lacked procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services</p> <p>On October 5, 2022, at approximately 1:02 p.m. clinical nurse supervisor (CNS)-B confirmed R1's medication management plan lacked the content</p>	01730		

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01730	Continued From page 15 listed above, and further indicated they used the same form for all residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
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 ensure medications were labeled correctly for one of one resident (R4.) 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: On October 4, 2022, at approximately 10:30 a.m. unlicensed personnel (ULP)-C prepared an	01890		

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01890	<p>Continued From page 16</p> <p>insulin pen for administration to R4.</p> <p>R4's insulin injectable pen prepared by ULP-C lacked labels that provided both the date the medication had been opened and the expiration date. The insulin pen prepared by ULP-B included:</p> <ul style="list-style-type: none"> - Novolog Flex Pen 100 U (units)/ml (milliliter) <p>The manufacturer's instructions for Novolog Flex Pen dated June 2021, indicated the pen should be discarded after 28 days.</p> <p>On October 4, 2022, at approximately 11:15 p.m. ULP-C confirmed the Novolog Flex Pen in use did not have the prescription label, open date, or the expiration date on the insulin pen.</p> <p>On October 4, 2022, at approximately 4:53 p.m. clinical nurse supervisor (CNS)-B confirmed all insulin pens should have a prescription label and be dated when opened.</p> <p>The licensee's Insulin Preparation and Administration - Assisted Living policy dated August 15, 2022, indicated staff verify that the insulin pen is clearly labeled with the resident's name for which it is ordered for and verify provider order, the expiration date and the number of days the pen has been open.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	01890		
01940 SS=E	144G.72 Subd. 3 Individualized treatment or therapy managemen	01940		

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01940	<p>Continued From page 17</p> <p>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <ol style="list-style-type: none"> (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to include in the service plan a written statement of the treatment or therapy services that will be provided and failed to develop a treatment therapy management plan to include all required content for two of two residents (R1, R2).</p>	01940		

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01940	<p>Continued From page 18</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R1 R1's diagnoses included congestive heart failure, and history of falls.</p> <p>R1's service plan dated March 1, 2021, lacked the treatment services of assistance with application of left foot brace.</p> <p>On October 4, 2022, at approximately 8:30 a.m. the surveyor observed unlicensed personnel (ULP)-C apply R1's left foot brace.</p> <p>R2 R2's diagnoses included Imbalance nonorthopedic and diabetes.</p> <p>R2's service plan dated September 1, 2022, lacked the treatment of compression wraps to both lower legs.</p> <p>On October 4, 2022, at approximately 10:30 a.m. the surveyor observed ULP-C apply R2's compression wraps. ULP-C started at the right foot and wrapped up to the knee and applied tape to secure. ULP-C repeated the same steps for</p>	01940		

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01940	<p>Continued From page 19</p> <p>the left leg. ULP-C placed a gripper sock over each foot.</p> <p>R1 and R2's Service Plan/Treatment/Therapy Management Plan lacked the following content:</p> <ul style="list-style-type: none"> - a statement of the type of services that will be provided; - documentation of specific resident instructions relating to the treatment or therapy administration; - identification of the treatment or therapy that will be delegated to unlicensed personnel; - procedures for notifying a nurse or appropriate licensed health professional when a problem arises with the treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes <p>On October 5, 2022, at approximately 1:00 p.m. clinical nurse supervisor (CNS)-B acknowledged that neither R1 or R2's service plans nor treatment management plans included the treatments listed above. CNS-B stated she did not know why it was not included and said the identification of treatments should be part of the plan. CNS-B also acknowledged R1 and R2's service and treatment management plans were incomplete and lacked the required content listed above.</p> <p>The licensee's Treatment and Therapy Management Services - Minnesota policy dated</p>	01940		

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01940	Continued From page 20 May 13, 2022, indicated the documentation on the treatment administration record will include the following components: specific resident instructions relating to the treatment or therapy administration; procedures for notifying the registered nurse or appropriate licensed health professional when a problem arises with treatment and therapy services; and any resident-specific requirements relating to documentation of treatment and therapy services received, verifications that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complication or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01940		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures;	01950		

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01950	<p>Continued From page 21</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of one unlicensed personnel (ULP-C) was trained and demonstrated competency in treatments by a registered nurse (RN).</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> <p>ULP-C was hired on August 1, 2021, to provide direct care services to residents.</p> <p>On October 4, 2022, at approximately 8:30 a.m. ULP-C was observed to apply R1's left foot brace.</p> <p>R1's Treatment and Services Documentation for October 2022, did not include the application of the left foot brace.</p> <p>On October 4, 2022, at approximately 8:40 a.m. ULP-C stated the resident showed her how to apply the left foot brace and was not trained or competency tested by the licensee's RN.</p>	01950		

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01950	<p>Continued From page 22</p> <p>On October 4, 2022, at approximately 10:30 a.m. ULP-C was observed to apply compression wraps to R2's lower extremities.</p> <p>R2's Treatment and Services Documentation for October 2022, did not include the application of compression wraps.</p> <p>On October 4, 2022, certified nurse supervisor (CNS)-B had a policy for staff to review and a sign off sheet to verify "I have read and reviewed competency for compression wraps (ACE wrap) to legs." This was in the employee medication/staff room on the counter.</p> <p>ULP-C initialed and dated form for ACE wraps October 4, 2022. In addition, ULP-C stated it was normal practice for a review and read competency, with no RN verifying the ULP's competency, but would include a periodic "supervisory check."</p> <p>ULP-C's employee record lacked evidence to indicate ULP-C was trained and demonstrated competency to a RN to apply R1's left leg brace and R2's compression wraps.</p> <p>On October 5, 2022, at approximately 3:15 p.m. CNS-B confirmed ULP-C's employee record lacked evidence the employee had been trained and had demonstrated competency to the RN to apply left foot brace and compression wraps.</p> <p>The licensee's Treatment and Therapy Management Services - Minnesota policy dated May 13, 2022, indicated when administration of a treatment or therapy is delegated to ULP, the assisted living provider must ensure that the registered nurse or authorized licensed health</p>	01950		

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01950	Continued From page 23 professional has instructed the ULP in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01950		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure treatments were performed as ordered for one of two residents (R2) with records reviewed. 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	01960		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30578	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2022
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ST JA	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 2ND STREET SOUTH SAINT JAMES, MN 56081
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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
01960	<p>Continued From page 24</p> <p>only occasionally).</p> <p>The findings include:</p> <p>R2's diagnoses included Imbalance nonorthopedic and diabetes.</p> <p>R2's service plan dated September 1, 2022, indicated the resident received services including medication administration, blood glucose check, showers, dressing, meal preparation, laundry, and housekeeping. R2's service plan did not include the treatment of compression wraps to both lower legs.</p> <p>R2's physician order dated September 28, 2022, indicated "TED (Thrombo-Embolus Deterrent) hose or ACE (all cotton elastic) wraps to help swelling."</p> <p>R2's Treatment and Services Documentation for October 2022, did not include compression wraps documentation.</p> <p>R2's Medication Administration Record (MAR) for October 2022, included an entry on October 4, 2022, starting the service "ACE wraps to legs bilateral daily on/AM off/HS [bed time]."</p> <p>On October 5, 2022, at approximately 12:40 p.m. clinical nurse supervisor (CNS)-B stated registered nurse (RN)-D noted the order and CNS-B did not check to ensure the order was implemented. "[RN-D] must have missed this." The order for treatment and direction was added to the MAR on October 4, 2022.</p> <p>The licensee's Treatment and Therapy Management Services - Minnesota policy dated May 13, 2022, indicated upon receipt of a new or</p>	01960		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30578	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2022
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ST JA	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 2ND STREET SOUTH SAINT JAMES, MN 56081
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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
01960	Continued From page 25 changed treatment or therapy order from a healthcare provider, a licensed nurse will take action to implement the order within 24 hours. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01960		



Minnesota Department of Health
Food, Pool, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 10/04/22
Time: 11:05:24
Report: 1020221127

Food and Beverage Establishment Inspection Report

Page 1

Location:

Good Samaritan Society - St Ja
1102 2nd Street South
St James, MN56081
Watonwan County, 83

Establishment Info:

ID #: 0037909
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5073756120
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.

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
CURRENT CERTIFIED FOOD PROTECTION MANAGER CERTIFICATE IS EXPIRED; RENEW.
Comply By: 04/18/23

Surface and Equipment Sanitizers

Wash Temperature Gauge: = at 153 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Final Rinse Temperature Ga: = at 193 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Utensil Surface Temperatur: = at 165 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: CUT MELON - UPRIGHT COOLER
Violation Issued: No

Process/Item: Cold Holding
Temperature: <0 Degrees Fahrenheit - Location: FOODS FIRM - UPRIGHT FREEZER
Violation Issued: No

Type: Full
Date: 10/04/22
Time: 11:05:24
Report: 1020221127
Good Samaritan Society - St Ja

Food and Beverage Establishment Inspection Report

Process/Item: Hot Holding
Temperature: 157 Degrees Fahrenheit - Location: TACO MEAT - STEAM TABLE
Violation Issued: No

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

GENERAL COMMENTS:

DISCUSSED EMPLOYEE ILLNESS POLICIES AND PROCEDURES. AN EMPLOYEE ILLNESS LOG IS USED ON-SITE.

ALMOST ALL FOOD ITEMS ARE MADE IN THE NURSING HOME KITCHEN AND TRANSPORTED OVER TO THE ASSISTED LIVING SERVING KITCHEN BY INSULATED CONTAINERS. FOOD TEMPERATURES ARE TAKEN AND ARE RECORDED ON A FOOD TEMPERATURE LOG. NO FOOD ITEMS ARE SAVED AND ANY LEFT-OVERS ARE DISCARDED.

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 1020221127 of 10/04/22.

Certified Food Protection Manager: Apryl Pohlman

Certification Number: FM82099 Expires: 08/21/22

Inspection report reviewed with person in charge and emailed.

Signed: Report emailed
Establishment Representative

Signed: Ashley B
Ashley B

651-201-4500

Report #: 1020221127

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pool, & Lodging Services
 P.O. Box 64975
 Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out	1	Date	10/04/22
No. of Repeat RF/PHI Categories Out	0	Time In	11:05:24
Legal Authority MN Rules Chapter 4626		Time Out	

Good Samaritan Society - St Ja	Address 1102 2nd Street South	City/State St James, MN	Zip Code 56081	Telephone 5073756120
License/Permit # 0037909	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 checked="" type="radio"/> N/A <input 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 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 type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" 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 type="radio"/> IN <input type="radio"/> OUT <input checked="" 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 checked="" type="radio"/> N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding		
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Approved thawing methods used		
36 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Thermometers provided & accurate		
Food Identification			
37 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food properly labeled; original container		
Prevention of Food Contamination			
38 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Insects, rodents, & animals not present		
39 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Contamination prevented during food prep, storage & display		
40 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Personal cleanliness		
41 <input 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 type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48 <input 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) *Report emailed*

Date: 10/18/22

Inspector (Signature) *Ally R...*