DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 31, 2023

Licensee
Adapta
2509 55th Street Northwest
Rochester, MN 55901

RE: Project Number(s) SL36552015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 22, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted no 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.

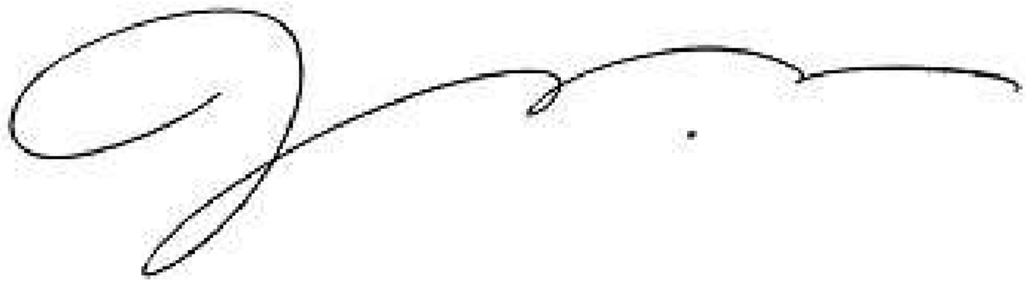
The enclosed State Form documents no violations. The MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

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

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

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-281-9796

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36552	A. BUILDING: _____ B. WING _____	08/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAPTA	2509 55TH STREET NW ROCHESTER, MN 55901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments SL36552015-0 On August 21, 2023 through August 22, 2023, the Minnesota Department of Health conducted a survey at the above provider. At the time of the survey, there were eight (8) active residents receiving services under the Assisted Living license. As a result of the survey, the licensee was found to be in significant compliance with the assisted living statutes 144G.08 through 144G.9999.	0 000		

Minnesota Department of Health
Environmental Health - FPLS

Rochester

Type: Full
Date: *08/22/23*
Time: 09:38:24
Report: 1038231559

Food and Beverage Establishment Inspection Report

Location:
Adapta
2509 55th Street Nw
Rochester, MN55901
Olmsted County, 55

Establishment Info:
ID #: 0038536
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5072087764
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = 167 at Degrees Fahrenheit
Location: Hot Washer Dishwasher
Violation Issued: No

Hot Water: = at Degrees Fahrenheit
Location:
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: Butter
Violation Issued: No

Process/Item: Upright Freezer
Temperature: -7 Degrees Fahrenheit - Location: CupCakes
Violation Issued: No

Process/Item: Upright Freezer
Temperature: Degrees Fahrenheit - Location:
Violation Issued: No

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

Food is Catered by Shorewood Senior Campus

khaglund@adaptamn.org

Type: Full
Date: *08/22/23*
Time: 09:38:24
Report: 1038231559
Adapta

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 Minnesota Department of Health inspection report number 1038231559 of 08/22/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Signed:_____
Establishment Representative

Signed:_____
Rob Davis
Sanitarian 2
Rochester District Office
507-810-9902
rob.davis@state.mn.us