Electronically Delivered

August 5, 2025

Licensee
Healthguard Living
3126 98th Avenue North
Brooklyn Park, MN 55443

RE: Project Number(s) SL38349016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 4, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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 may be 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;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20;
Level 5: a fine of $5,000 per violation, in addtion to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

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. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

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

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. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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

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

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38349	A. BUILDING: _____ B. WING _____	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTHGUARD LIVING	3126 98TH AVENUE NORTH BROOKLYN PARK, MN 55443

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ***ATTENTION*** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL38349016-0 On June 2, 2025, through June 4, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were two residents receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated June 3, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been	0 730		

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0 730	Continued From page 4 provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document services provided as identified on the service plan for one of one resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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: R2 was admitted on October 14, 2022, with a diagnosis of schizophrenia (a serious mental health condition that affects how a person thinks, feels, and behaves). R2's Service Plan dated February 18, 2025, indicated R2 received assistance with activity assistance, bathing reminder, bedmaking, dressing - AM (morning), dressing - PM (evening), grooming, housekeeping - daily,	0 730		

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0 730	Continued From page 5 housekeeping - weekly, laundry, linin change, manage behavior - agitation, manage behavior - anxiety, manage behavior - orientation, manage behavior - perseverates, manage behavior - self isolation, manage behavior - self-injurious, manage behavior - verbal aggression, manage behavior - depression, manage behavior - auditory hallucination, meal reminder, meal tray, meal: offer snack, medication administration, record - blood glucose, record - pain, safety check, shopping assistance, and symptom screen 1. R2's Service Recap Summary - Month dated May 2025, lacked documentation for the following services and dates: - record - blood glucose 7:00 a.m. May 3, 2025, and May 4, 2025; - bathing reminder AM May 2, 2025, thru May 4, 2025; - bedmaking AM May 2, 2025, thru May 4, 2025; - dressing AM May 2, 2025, thru May 4, 2025; - grooming AM May 2, 2025, thru May 4, 2025; - housekeeping - daily AM May 2, 2025, thru May 4, 2025; - manage behavior - agitation AM May 2, 2025, thru May 4, 2025; - manage behavior - anxiety AM May 2, 2025, thru May 4, 2025; - manage behavior - orientation AM May 2, 2025, thru May 4, 2025; - manage behavior - perseverates AM May 2, 2025, thru May 4, 2025; - manage behavior - self isolation AM May 2, 2025, thru May 4, 2025; - manage behavior - verbal aggression AM May 2, 2025, thru May 4, 2025; - manage behavior - depression AM May 2, 2025, thru May 4, 2025; - manage behavior - auditory hallucination AM	0 730		

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0 730	Continued From page 6 May 2, 2025, thru May 4, 2025; - meal reminder AM May 2, 2025, thru May 4, 2025; - meal tray AM May 2, 2025, thru May 4, 2025; - meal: offer snack AM May 2, 2025, thru May 4, 2025; - record - pain AM May 2, 2025, thru May 4, 2025; - symptom screen1 AM May 2, 2025, thru May 4, 2025; - symptom screen2 AM May 2, 2025, thru May 4, 2025; - activity assistance midday May 2, 2025, thru May 4, 2025; - housekeeping - weekly (Th, Su) midday May 4, 2025; - laundry (Th, Su) midday May 4, 2025; - linen change (Su) midday May 4, 2025; - meal reminder midday May 2, 2025, thru May 4, 2025; - meal tray midday May 2, 2025, thru May 4, 2025; - meal: offer snack midday May 2, 2025, thru May 4, 2025; - record - pain midday May 2, 2025, thru May 4, 2025; - safety check midday May 2, 2025, thru May 4, 2025; - record - blood glucose 1:00 p.m., May 3, 2025, and May 4, 2025; - activity assistance PM May 2, 2025, and May 3, 2025; - manage behavior - agitation PM May 2, 2025, and May 3, 2025, and May 10, 2025; - manage behavior - anxiety PM May 2, 2025, and May 3, 2025, and May 10, 2025; - manage behavior - orientation PM May 2, 2025, and May 3, 2025, and May 10, 2025; - manage behavior - perseverates PM May 2, 2025, and May 3, 2025, and May 10, 2025; - manage behavior - self isolation PM May 2,	0 730		

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0 730	Continued From page 7 2025, and May 3, 2025, and May 10, 2025; - manage behavior - self-injurious PM May 2, 2025, and May 3, 2025, and May 10, 2025; - manage behavior - verbal aggression PM May 2, 2025, and May 3, 2025, and May 10, 2025; - manage behavior - depression PM May 2, 2025, and May 3, 2025, and May 10, 2025; - manage behavior - auditory hallucination PM May 2, 2025, and May 3, 2025, and May 10, 2025; - meal reminder PM May 2, 2025, and May 3, 2025; - meal tray PM May 2, 2025, and May 3, 2025; - meal: offer snack PM May 2, 2025, and May 3, 2025; - safety check PM May 2, 2025, and May 3, 2025; - record - blood glucose 6:00 p.m. May 2, 2025, and May 3, 2025; - dressing -p.m. bedtime May 2, 2025, and May 3, 2025; - housekeeping - daily bedtime May 2, 2025, and May 3, 2025; - meal - offer snack bedtime May 2, 2025, and May 3, 2025; - record - pain bedtime May 2, 2025, and May 3, 2025; - record - blood glucose 10:00 p.m. May 2, 2025, and May 3, 2025; - manage behavior - agitation overnight May 2, 2025, May 3, 2025, May 9, 2025, thru May 11, 2025, May 13, 2025, thru May 18, 2025; May 23, 2025, thru May 25, 2025; - manage behavior - anxiety overnight May 2, 2025, May 3, 2025, May 9, 2025, thru May 11, 2025, May 13, 2025, thru May 18, 2025; May 23, 2025, thru May 25, 2025; - manage behavior - orientation overnight May 2, 2025, May 3, 2025, May 9, 2025, thru May 11, 2025, May 13, 2025, thru May 18, 2025; May 23, 2025, thru May 25, 2025;	0 730		

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0 730	Continued From page 8 - manage behavior - perseverates overnight May 2, 2025, May 3, 2025, May 9, 2025, thru May 11, 2025, May 13, 2025, thru May 18, 2025; May 23, 2025, thru May 25, 2025; - manage behavior - self isolation overnight May 2, 2025, May 3, 2025, May 9, 2025, thru May 11, 2025, May 13, 2025, thru May 18, 2025; May 23, 2025, thru May 25, 2025; - manage behavior - self injurious overnight May 2, 2025, May 3, 2025, May 9, 2025, thru May 11, 2025, May 13, 2025, thru May 18, 2025; May 23, 2025, thru May 25, 2025; - manage behavior - verbal aggression overnight May 2, 2025, May 3, 2025, May 9, 2025, thru May 11, 2025, May 13, 2025, thru May 18, 2025; May 23, 2025, thru May 25, 2025; - manage behavior - depression overnight May 2, 2025, May 3, 2025, May 9, 2025, thru May 11, 2025, May 13, 2025, thru May 18, 2025; May 23, 2025, thru May 25, 2025; - manage symptom - auditory hallucination overnight May 2, 2025, May 3, 2025, May 9, 2025, thru May 11, 2025, May 13, 2025, thru May 18, 2025; May 23, 2025, thru May 25, 2025; - safety check overnight May 2, 2025, May 3, 2025, May 9, 2025, May 10, 2025, May 13, 2025, thru May 18, 2025; May 23, 2025, thru May 25, 2025; - medication administration 7:00 a.m., May 3, 2025, and May 4, 2025; - medication administration 9:00 a.m., May 3, 2025, May 4, 2025, and May 24, 2025; - medication administration 1:00 p.m., May 3, 2025, and May 4, 2025; - medication administration 3:00 p.m., May 2, 2025, and May 3, 2025; - medication administration 5:00 p.m., May 2, 2025, and May 3, 2025; - medication administration 6:00 p.m., May 2, 2025, and May 3, 2025;	0 730		

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0 730	Continued From page 9 - medication administration 8:00 p.m., May 2, 2025, and May 3, 2025; and - medication administration 10:00 p.m., May 2, 2025, and May 3, 2025. On June 4, 2025, at 11:45 a.m., licensed assisted living director (LALD)-C stated the documentation was not there, but the licensee did provide the services. LALD-C stated the nurse had mentioned the documentation needed to be there and be completed consistently. LALD-C stated the nurse had planned to work with staff on this. The licensee's Resident Record - Information and Content policy dated August 1, 2022, indicated the clinical record would include documentation of services provided as identified in the service plan. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 730		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the Minnesota State Fire Code in Minnesota Rules, chapter 7511. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a	0 775		

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0 775	Continued From page 10 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 the potential to affect a large portion or all of the residents) The findings include: On June 2, 2025, at 11:16 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-C, the surveyor observed the patio on the backside of the facility had many used cigarette butts laying all over the ground. The brick patio was used as the designated smoking area for residents. There was an empty ashtray and two plastic chairs set up in front of the wood columns of the wooden deck above the patio. Under the chairs and along the edge of the building were piles of ash and a significant amount of used cigarette butts. On June 4, 2025, at 12:30 p.m. the surveyor observed the brick patio was cleaned up of all ash and cigarette butts. There were used cigarette butts discarded on the ground in the rock bed adjacent to the downstairs patio that were not observed the day prior. There was also a melted, plastic hanging planter adjacent to the front door. These deficient conditions were visually verified by LALD-C accompanying on the tour. Lighted matches, cigarettes, cigars or other burning objects shall not be discarded in such a manner that could cause ignition of other combustible material.	0 775		

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	38349	A. BUILDING: _____ B. WING _____	06/04/2025

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0 775	Continued From page 11 On June 4, 2025, at 1:30 p.m. LALD-C stated they did not know anything about the melted, plastic hanging planter or why it was by the front door. They also stated that it was difficult to manage the smoking area. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment, in a continuous state of good repair and operation. This deficient condition had the potential to affect all staff, residents, 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, but was not likely to cause serious injury, impairment, or death), and	0 800		

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0 800	Continued From page 12 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 June 4, 2025, from 10:00 a.m. to 11:30 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-C, the surveyor made the following observations: The window pane in bedroom 1 had a crack running horizontally across the bottom portion of the glass. These deficient conditions were visually verified by LALD-C accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.	0 810		

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0 810	Continued From page 13 (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and to provide the required training. This had the potential to directly affect all residents, staff, 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 potential to affect a large portion or all of the residents). The findings include:	0 810		

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0 810	Continued From page 14 On June 4, 2025, licensed assisted living director (LALD)-C provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP, 9.06 Fire Policy, dated August 1, 2021, failed to include the following: The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. On June 4, 2025, at 1:30 p.m., LALD-C stated they didn't have a section specific to resident procedures but would work on developing one. TRAINING: The licensee failed to provide evacuation training to residents at least once per year. LALD-C lacked documentation showing any training was offered or training was scheduled for a future date for residents on the fire safety and evacuation plan. The licensee failed to provide training to employees on the FSEP upon hire and at least twice per year. LALD-C lacked documentation showing any training was completed or training was scheduled for a future date for employees on the fire safety and evacuation plan. On June 4, 2024, at 1:30 p.m., LALD-C stated they were doing fire safety training one time per year at the same time as they reviewed the whole emergency preparedness procedures, any other training for staff and residents was done at the	0 810		

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0 810	Continued From page 15 time of the evacuation drills. LALD-C stated they did not have any documentation showing who participated in the training or any documentation indicating that all staff received the required training. LALD-C stated it was impossible to do a large group training and they had to do all the training one on one. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure accurate transcription for a changed prescription; failed to ensure medications were administered as prescribed; and failed to document the reason why medication administration was not completed	01760		

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01760	Continued From page 16 as prescribed and failed to document any follow-up procedures that were provided to meet the residents needs when medication was not administered as prescribed for one of one resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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: R2 was admitted on October 14, 2022, with a diagnosis of schizophrenia (a serious mental health condition that affects how a person thinks, feels, and behaves). R2's Service Plan dated February 18, 2025, indicated R2 received assistance with medication administration. R2's Assessment dated May 12, 2025, indicated R2 could self-administer insulin with staff oversight. TRANSCRIPTION ERROR R2's Provider Orders dated October 8, 2024, indicated to change mealtime insulin to 8 units with meals and to keep the sliding scale the same. R2's Med Admin Summary (MAR) dated June 2025, indicated R2 was to receive Novolog Flexpen 100 units (u) per milliliter (ml) three times per day, inject 8 units before meals, skip if not	01760		

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01760	Continued From page 17 eating, give insulin if the blood sugar (bs) is greater than 120 and hold if bs less or equal to 120. Sliding scale orders per bs included the following: 200 to 250 give 2 units more; 251 to 300 give 3 units more; 301 to 350 give 4 units more; 351 to 400 give 5 units more; 401 to 450 give 6 units more; 451 to 500 give 7 units more; and over 500 give 8 units more. The instructions on R2's MAR did not indicate to give Novolog FlexPen with meals as ordered on October 8, 2024. MEDICATION ADMINISTRATION On June 3, 2025, at 11:33 a.m., the surveyor observed unlicensed personnel (ULP)-A provide R2 with pizza and a fruit smoothie. On June 3, 2025, at 11:36 a.m., the surveyor asked ULP-A how they were trained in administration of insulin. ULP-A stated they first needed the computer as the instructions were right there and could not be missed. ULP-A stated the resident usually did their own injection, but they helped with getting the needle and assisted as needed during the administration. ULP-A stated they usually would put the new needle on for the resident since the resident can be clumsy; and they would usually clean the area prior to injection. On June 3, 2025, at 12:39 p.m., the surveyor observed ULP-A provide R2 with their supplies to check blood glucose and insulin administration for Novolog FlexPen. R2 stated they had eaten their pizza and fruit smoothie. R2 checked their blood sugar. ULP-A observed the blood glucose reading to be 266. R2 stated it was high due to eating pizza. R2 placed a new needle on the Novolog FlexPen. The surveyor did not observe R2 prime the insulin pen. ULP-A instructed R2 to	01760		

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01760	Continued From page 18 dial the insulin pen to 9 units. ULP-A and the surveyor observed the insulin pen to be dialed at 9 units. R2 then administered the insulin pen set to 9 units. On June 3, 2025, at 12:39 p.m., after the surveyor observed ULP-A assist R2 with administration of insulin, the surveyor asked ULP-A if they were familiar with priming of the insulin pen. ULP-A showed the surveyor an insulin pen needle and stated priming was putting on a new needle. The surveyor asked ULP-A regarding the administration of insulin after a meal when the MAR indicated to give before meals. ULP-A was observed looking in the licensee's computer at R2's record; and then stated to the surveyor, the record indicated to give the insulin before a meal. The surveyor asked ULP-A regarding the amount given to R2. ULP-A was observed looking in the licensee computer at R2's record again; and then stated the correct dose per the MAR should have been 11 units per the blood sugar results and stated this would be a medication error. On June 3, 2025, at 1:27 p.m., ULP-A stated they had contacted the nurse and had been instructed to give R2 an additional two units of Novolog FlexPen. Licensed assisted living director (LALD)-C was also present and was observed by the surveyor telling ULP-A to prime the insulin first with two units and watch for the insulin to come out of the needle before administration of the additional two units. OMITTED DOCUMENTATION OF MEDICATION ADMINISTRATION R2's MAR dated June 2025, indicated on June 1, 2025, at 10:00 p.m., Lantus 100 u/ml inject 24 units subcutaneously daily, had been circled on	01760		

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01760	Continued From page 19 the MAR to reflect the medication was declined or skipped. The MAR included a scheduled med note for June 1, 2025, at 10:00 p.m., that the Lantus was not needed. The record lacked an explanation as to why the medication was not given as scheduled and as ordered. R2's Vital Sign - Blood Glucose dated May 1, 2025, to June 3, 2025, indicated on June 1, 2025, at 10:00 p.m., blood glucose result was reported to be 112, which R2 would not have needed additional Novolog insulin per sliding scale if this had been scheduled for 10:00 p.m. R2's MAR dated May 2025, lacked documentation of medication administration on May 24, 2025, at 9:00 a.m., for the following scheduled medications: calcium carb 500 milligram (mg) give two tablets by mouth twice a day; docusate sodium 100 mg give one capsule by mouth twice a day; and ibuprofen 600 mg take one tablet by mouth three times a day. R2's record lacked documentation for the reason why medication administration was not completed as prescribed. R2's MAR dated May 2025, indicated on May 1, 2025, at 6:00 p.m., R2 had received Novolog FlexPen 100 u/ml as ordered and per the sliding scale as instructed. The MAR did not specify the amount of Novolog insulin given. R2's Vital Sign - Blood Glucose dated May 1, 2025, to June 3, 2025, indicated on May 1, 2025, at 6:00 p.m. under notes, read "client BG 316 gave 10 shot continue to monitor." The documentation is unclear if R2 had received 10 units or if R2 had received 12 units as indicated on R2's MAR for the Novolog insulin.	01760		

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01760	Continued From page 20 On June 3, 2025, at 2:41 p.m., registered nurse (RN)-E stated they were made aware of the insulin incident and medication error for R2. RN-E stated the licensee would provide further education to staff about the insulin, sliding scale, priming, and provide supervision of insulin administration. RN-E stated they would need to clarify the current insulin orders, get more clarification on documentation of the actual amount of insulin given when there is a sliding scale, and make sure everything is clearer in the record. The licensee's Medication Management - Administration & Setup policy dated August 1, 2022, indicated assistance with medication and medication administration would be documented on the MAR by entering the unlicensed personnel (ULP) initials under the date and opposite the medication and dose given and include the full signature and title of the person who provided the medication administration. The policy also indicated ULP would chart in each resident's MAR of any problems with the medication administration, including refusals. The policy did not indicate a procedure for staff to follow before, during, and after medication administration to include the six rights of medication administration (right resident, right medication, right time, right route, right dose, right documentation). The licensee's Medication & Treatment Orders policy dated August 1, 2022, indicated the registered nurse was responsible for assuring current, authorized prescriber orders for medications administered by the staff were kept on file in the resident's records. Also, the policy indicated a resident's MAR would be audited regularly by the licensed nurse or designee for documentation compliance.	01760		

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01760	Continued From page 21 The manufacturer's instructions for Novolog FlexPen revised February 2023, indicated before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing: turn the dose selector to select 2 units; hold Novolog FlexPen with the needle pointing up and tap the cartridge gently with finger a few times to make any air bubbles collect at the top of the cartridge; keep the needle pointing upwards and press the push-button all the way in until the dose selector returns to zero. A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than six times. If a is no drop of insulin after six times, do not use the Novolog FlexPen. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01820 SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure written or electronically recorded prescriptions were maintained for one of one resident (R2). This practice resulted in a level two violation (a	01820		

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01820	Continued From page 22 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: On June 3, 2025, at 9:06 a.m., the surveyor observed unlicensed personnel (ULP)-A assist R2 with medication administration. R2 was admitted on October 14, 2022, with a diagnosis of schizophrenia (a serious mental health condition that affects how a person thinks, feels, and behaves). R2's service plan dated February 18, 2025, indicated R2 received assistance with medication assistance. R2's Med Admin Summary - Month (MAR) dated June 2025, indicated the licensee assisted with the following medications to be administered: -duloxetine hydrochloride 20 milligrams (mg) take two tablets by mouth daily; -fenofibrate 48 mg take one tablet by mouth daily; -Lantus 100 units (u) per milliliter (ml) inject 24 units subcutaneously daily; and -acetaminophen 325 mg take two tablets by mouth every six hours as needed. R2's record lacked signed provider orders for the following medications: -duloxetine hydrochloride 20 milligrams (mg) take two tablets by mouth daily; -fenofibrate 48 mg take one tablet by mouth daily; -Lantus 100 units (u) per milliliter (ml) inject 24	01820		

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01820	Continued From page 23 units subcutaneously daily; and -acetaminophen 325 mg take two tablets by mouth every six hours as needed. On June 4, 2025, at 10:15 a.m., licensed assisted living director (LALD)-C stated they were not able to locate the missing orders as it was an oversight. LALD-C stated the licensee would correct this going forward. The licensee's Medication & Treatment Orders policy dated August 1, 2022, indicated the RN is responsible for assuring current, authorized prescriber orders for medications administered by the staff are kept on file in the residents' records. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to secure medications managed by the licensee; and failed to monitor refrigeration temperatures to ensure temperatures were maintained according to the manufacturer's instructions for two of two residents (R2, R3) with medications stored in the refrigerator.	01880		

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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
01880	Continued From page 24 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). The findings include: On June 2, 2025, at 11:10 a.m., during a facility tour, the surveyor observed the facility's office door did not have a lock on the door or handle. The surveyor observed a refrigerator used by the licensee to store medications inside of the office. The licensee's refrigerator did not have a lock on the refrigerator to secure medications when stored in the refrigerator. The surveyor observed medications being stored in the refrigerator. The refrigerator did not have a thermoset inside to determine the temperature of the refrigerator. On June 2, 2025, at 11:32 a.m., licensed assisted living director (LALD)-C stated the licensee did not maintain temperature logs for the refrigerator used to store medications. On June 2, 2025, at 11:32 a.m., clinical nurse supervisor (CNS)-D acknowledged the medications were required to be stored within a specific temperature range per their manufacturer's instructions. CNS-D stated they could not verify if the medications were being stored according to their manufacturer's instructions. On June 3, 2025, at 9:17 a.m., the surveyor	01880		

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	38349	A. BUILDING: _____ B. WING _____	06/04/2025

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01880	Continued From page 25 observed the licensee's unlocked refrigerator used to store medications per manufacture instructions. The surveyor observed a thermoset inside the fridge with a temperature reading of 26.8 degrees Fahrenheit (°). The surveyor observed the following medications stored inside of the licensee's refrigerator: R2's Lantus Solostar 100 units (u)/milliliter (ml) (two unopened boxes) R2's Insulin asp (Novolog) flexpen 100 u/ml (one unopened box) R3's Lantus Solostar 100 u/ml x (four unopened boxes) R3's Ozempic 0.25 - 0.5 milligrams (mg) 2 mg/3 ml (one unopened box) On June 3, 2025, at 1:48 p.m., the surveyor observed the licensee's unlocked refrigerator used to store medications per manufacturer instructions. The surveyor observed a thermoset inside the fridge with a temperature reading of 18.9°. LALD-C verified the thermoset had been placed on June 2, 2025, in the late afternoon/evening. LALD-C stated the licensee would be monitoring the temperature inside the refrigerator going forward. The surveyor informed LALD-C of the temperature reading to be outside of the manufacturer's instructions for the medication stored in the refrigerator. The surveyor observed LALD-C open the refrigerator and verified the temperature on the thermoset now read 20°. LALD-C stated the thermoset was malfunctioning and looked to ULP-F and stated it was not just the battery. LALD-C stated the licensee had a new thermoset still being shipped as the thermoset currently in the refrigerator was the licensee's old one and they had thought they could just try new batteries in the meantime. On June 3, 2025, at 2:41 p.m., registered nurse	01880		

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01880	Continued From page 26 (RN)-E acknowledged the refrigerator used to store medications were not securely locked and the temperature was out of range per the medication manufacturer's instructions. RN-E stated they would notify the provider of the medication being stored outside of the manufacturer's recommendation and see if new medication would be needed to be obtained. RN-E stated the licensee would have a plan to secure the medications being stored in the refrigerator and the medications would be stored according to the medication manufacturer's instructions going forward. The licensee's Medication Storage policy dated August 1, 2022, indicated medications being managed and stored by the licensee would be securely locked and stored per manufacturer's directions. The manufacturer's instructions for Lantus Solostar pen revised November 2023, indicated to store unused pens in the refrigerator at 36° F to 46° F and not to use if the pen had been frozen. The manufacturer's instructions for Novolog flex pen (insulin aspart) revised February 2023, indicated to store unused pens in the refrigerator at 36° F to 46° F and not to use if the pen had been frozen. The manufacturer's instructions for Ozempic dated February 2025, indicated to store unused pens in the refrigerator at 36° F to 46° F and not to use if the pen had been frozen. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01880		

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01880	Continued From page 27 days	01880		
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; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and 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) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record for one of one resident (R2) who had an ordered treatment. 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	01950		

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01950	Continued From page 28 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: R2 was admitted on October 14, 2022, with a diagnosis of schizophrenia (a serious mental health condition that affects how a person thinks, feels, and behaves). R2's service plan dated February 18, 2025, indicated R2 received assistance with recording blood glucose. R2's Provider Orders dated October 8, 2024, indicated R2 received service to record - blood glucose four times per day. The order did not specify when to check the blood glucose surrounding mealtime. On June 3, 2025, at 11:33 a.m., the surveyor observed ULP-A provide R2 with pizza and a fruit smoothie. On June 3, 2025, at 12:39 p.m., the surveyor observed ULP-A provide R2 with their supplies to check blood glucose and insulin administration for Novolog FlexPen. R2 stated they had eaten their pizza and fruit smoothie. R2 checked their blood sugar. ULP-A observed the blood glucose reading to be 266. R2 stated it was high due to eating pizza. On June 3, 2025, at 12:58 p.m., the surveyor asked ULP-A if R2's record indicated to them if R2's blood sugar should be monitored before or after eating. ULP-A stated the record did not	01950		

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01950	Continued From page 29 inform them if the blood sugar should be checked before or after a meal and then showed the surveyor the computer where they received their instructions from the nurse. The surveyor observed the following instructions for R2: wearing gloves and following agency procedure, check blood glucose and record. Notify RN if blood glucose is less than 120 or greater than 300. R2's record lacked specific instructions for the timing of R2's blood sugar monitoring surrounding mealtimes. On June 4, 2025, at 11:42 a.m., licensed assisted living director (LALD)-C stated they expected the nurse had the specific instructions for the staff to follow in the record. The licensee's Medication & Treatment - Administration & Delegation policy dated August 1, 2022, indicated an RN must specify, in writing, specific instructions for each resident and document those instructions in the residents' record prior to the delegation of a treatment to an unlicensed personnel. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
01970 SS=F	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be	01970		

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01970	Continued From page 30 provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure written or electronic treatment orders were maintained for one of one resident (R2) who had a treatment. 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). The findings include: On June 3, 2025, at 9:06 a.m., the surveyor observed unlicensed personnel (ULP)-A assist R2 with blood glucose monitoring. R2 was admitted on October 14, 2022, with a diagnosis of schizophrenia (a serious mental health condition that affects how a person thinks, feels, and behaves). R2's service plan dated February 18, 2025, indicated R2 received assistance with blood glucose. R2's Provider Orders dated October 8, 2024, indicated R2 received services that included blood glucose monitoring four times per day.	01970		

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01970	Continued From page 31 On June 4, 2025, at 10:15 a.m., licensed assisted living director (LALD)-C and registered nurse (RN)-E confirmed the licensee did not have an original order for the blood glucose monitoring. RN-E stated they called R2's provider yesterday to clarify the order and when to monitor the blood glucose such as before meals or post meals. The licensee's Medication & Treatment Orders policy dated August 1, 2022, indicated the RN is responsible for assuring current, authorized prescriber orders for medications administered by the staff are kept on file in the residents' records. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Healthguard Living
3126 98TH Avenue North
Brooklyn Park, MN 55443
Hennepin County
Parcel:

Phone:

License Info

License: HFID 38349

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1043251044
Inspection Type: Full - Single
Date: 6/3/2025 Time: 3:51:16 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 2
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery:

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

COMMENT: CARTON OF RAW SHELL EGGS STORED ON SHELF OVER READY-TO-EAT FOODS (BREAD, TORTILLA, CHEESE, ETC) IN FRIDGE. ADVISED STAFF TO STORE EGGS AT BOTTOM OF FRIDGE OR IN A SPILL PROOF CONTAINER THAT IS PULLED OUT WHEN EGGS ARE NEEDED. COMPLY WITH ABOVE RULE.

Comply By: 6/3/2025 Originally Issued On: 6/3/2025

New Order: 4-300 Equipment Numbers and Capacities

4-302.14 *Priority Level: Priority 2 CFP#: 48*

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

COMMENT: FACILITY USES CHLORINE. TEST KIT EXPIRED IN 2024. ADVISED STAFF TO REPURCHASE AND MAINTAIN. COMPLY WITH ABOVE RULE.

Comply By: 6/3/2025 Originally Issued On: 6/3/2025

! New Order: 4-700 Sanitizing Equipment and Utensils

4-703.11B *Priority Level: Priority 1 CFP#: 16*

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

COMMENT: MULTIPLE DISHES STORED IN COUNTER DISH RACK. PER STAFF, DISHES ARE OCCASIONALLY WASHED, RINSED, AND SANITIZED IN 2 COMPARTMENT SINK (WHERE ONE COMPARTMENT IS DESIGNATED FOR HANDWASHING ONLY). ADVISED STAFF TO DISCONTINUE PRACTICE AND TO USE EXISTING DISH MACHINE FOR DISHWASHING. 3 COMPARTMENT SET UP MAY BE TEMPORARILY USED IF DISH MACHINE IS IN NEED OF REPAIR OR POWER IS OUT. COMPLY WITH ABOVE RULE.

Comply By: 6/3/2025 Originally Issued On: 6/3/2025

Food & Beverage General Comment

Inspection was completed with Rhawnie Quinehan as the lead Health Regulation Division Nurse Evaluator completing the site survey.

Discussed highly susceptible populations, date marking, illness policy, sanitizer use, ware washing, temperature control, same day service, cleaning, pest control, vomit/fecal procedures, test kits, food storage, and food handling procedures.

Foods cooked in house must be fully cooked (exception for pasteurized eggs) and must only be available for same day

service for highly susceptible populations, discontinue any cooling and re-service of cooked food.

This facility has a residential kitchen with residential equipment, wooden cabinetry, smooth ceiling, tiled back splash, and tiled flooring. Dishwasher has a sanitizing rinse option (NSF/ANSI 184). Sanitizing option on dish machine must always be used when running a cycle.

TEMPERATURES (F)
FRIDGE: MILK 40, CHEESE 40, BUTTER 40
DISH MACHINE: UTENSIL SURFACE 150

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling.

***Notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1043251044 from 6/3/2025

Nebiha Mohammed
PIC

Blia Lor,
Public Health Sanitarian 1
651-355-0641
blia.lor@state.mn.us