Electronically Delivered

June 28, 2022

Administrator
Bayside Manor Assisted Living
638 3rd Street
Gaylord, MN 55334

RE: Project Number SL22115015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on June 3, 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, the following fines are assessed pursuant to this evaluation:

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services - $3,000.00

The total amount you are assessed is $3,000.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:
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Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

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

Sincerely,

Paul Spencer, Supervisor
Health Regulation Division
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Email: paul.spencer@state.mn.us
Phone: 651-587-4460 | Fax: 651-215-6894

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	22115	A. BUILDING: _____ B. WING _____	06/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE MANOR ASSISTED LIVING	638 3RD STREET GAYLORD, MN 55334

(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 Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL22115015 On May 31, 2022, the Minnesota Department of Health conducted a change of ownership (CHOW) survey at the above provider, and the following correction orders are issued. At the time of the survey there were 49 residents receiving services under the provider's Assisted Living with Dementia Care license. The following immediate correction order orders are issued. Correction	0 000	Assisted Living Provider 144G. 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 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.	

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0 000	Continued From page 1 orders with a period to correct that are not immediate may be issued at a later date during the investigation. The following immediate correction orders are issued for #SL22115015, tag identification 2310. The immediate correction order(s) tag identification 2310, identified on May 31, 2022 has been corrected as of June 1, /2022. No further action required.	0 000		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (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: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Citation Text for Tag 0480 Based on observation, interview, and record	0 480		

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0 480	Continued From page 2 review, the licensee failed to ensure sanitation of equipment and utensils during cleaning 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, 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: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated May 31, 2022 for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 495 SS=F	144G.41 Subd. 1 (14) Minimum Requirements (14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse was available 24 hours a day, seven days a week to provide consultation to staff performing delegated nursing tasks and services. This had the potential to affect all 49 residents.	0 495		

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0 495	Continued From page 3 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On June 2, 2022, at 10:00 a.m., registered nurse (RN)-C stated she was on call Monday through Friday 8:00 a.m. to 4:30 p.m., and when RN-C was not in the building there was an on-call nurse schedule staff were supposed to call. On June 2, 2022, RN-C verified sometimes a licensed practical (LPN) was on call, but per the licensee's policy the LPN could contact the RN if needed. The licensee's May and June 2022, on call schedule indicated LPN-I was on call 13 times. On the 13 days LPN-I was on call there was not contact information for a RN. One June 2, 2022, at 9:30 a.m., unlicensed personnel (ULP)-H stated she would follow the on-call schedule if she needed a nurse. ULP-H also stated LPN-I was a RN for corporate. The licensee's policy, Assisted Living On-Call Nurse policy dated August 1, 2021, indicated in accordance with 144G.41 subd.1 subp.14, provides staff access to an on-call registered nurse 24 hours per day, seven days per week. The policy also indicated LPNs are able to take call with the expectation the LPN contact the RN as appropriate.	0 495		

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0 495	Continued From page 4 TIME PERIOD FOR CORRECTION: Seven (7) days	0 495		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have a written emergency preparedness plan with all the	0 680		

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0 680	Continued From page 5 required content. This had the potential to affect all 49 residents receiving services under the assisted living with dementia care license, 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 the potential to affect a large portion or all of the residents). The findings include: On May 31, 2022, during the initial tour the surveyor observed the emergency plan was not posted. The licensee's plan lacked the following required content: -description of the population served by licensee; -process for emergency preparedness (EP) cooperation with state and local EP officials/organizations; -development of all policies/procedures, based on assessment; and additional policies for: -process for EP collaboration with local, tribal, State and Federal EP; -policies & procedures for handling medical documents; -Subsistence needs for staff and patents and sheltering in place; -Medical documents; -Use of volunteers; -roles under a waiver declared by the Secretary; -development of a communication plan, including: -primary and alternate means for	0 680		

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0 680	Continued From page 6 communication; -methods for sharing information; -sharing information on occupancy needs; -long term care family notifications; -EP training and testing program; -EP training program for staff (including documentation of training provided); and -annual EP testing requirements. During an interview on June 2, 2022, at 1:30 p.m., registered nurse (RN)-D stated their plan required revision and updates. RN-D also verified the emergency plan was not posted. RN-D also stated the licensee's vulnerability assessment did not include the lake located right behind the facility. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care. (c) The facility must implement and provide all	01640		

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01640	Continued From page 7 services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to include a signature or other authentication by the resident to document agreement on the services provided for one of four residents (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) 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). Findings include: R4 R4's start date of care for services was January 1, 2022. R4's diagnoses included Alzheimer's disease, anxiety, and hospice cares. R4's unsigned, undated service plan indicated R4 required assistance with all activities of daily living (ADLs) including dressing, grooming, toileting, transfers, bathing, feeding, and medication administration.	01640		

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01640	Continued From page 8 During an observation on June 2, 2022, at 7:55 a.m., the unlicensed personnel assisted the R4 by washing face and hands, peri cares, dressing, combing her hair, and transferring to the wheelchair. Unlicensed staff proceeded to push R4's wheelchair to the dining room for breakfast On June 2, 2022, at 3: 20 p.m., registered nurse (RN)-C and RN-D stated all service plans should be signed by the resident or resident's representative. The licensee-provided policy titled, Service Plan, dated August 1, 2021, indicated the service plan and any revisions shall include a signature or other authentication by the licensee and the resident, or resident representative documenting agreement on the services provided. The same policy indicated service plans required revised based on resident reassessments and monitoring. TIME PERIOD TO CORRECT- Twenty-one (21) days	01640		
01890 SS=E	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	01890		

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01890	Continued From page 9	01890		

were labeled correctly for four of four residents (R11, R12, R13, and R14) 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, 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).

The findings include:

On June 2, 2022, at 10:37 a.m., the surveyor observed the assisted living medication carts with unlicensed personnel (ULP)-J.

The surveyor observed R11's Prednisolone eye drop did not include a label or an open date.

The manufactures instruction for Prednisolone indicated the bottle should be discarded after four weeks.

The surveyor observed R12's Lantus (insulin) was not labeled.

The surveyor observed R13's Dorzolamide/timolol was dated opened on 4-1-22 and remained in the medication cart.

The manufacturer's instructions indicated Dorzolamide/Timolol eye drops should be used within 28 days.

The surveyor observed R14's Latanoprost eye drops did not have a date when indicating when

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01890	Continued From page 10 opened. The manufacturer's instructions indicated Latanoprost can be stored at room temperature for six weeks. The surveyror observed R8's Latanoprost eye drops did not have a date when opened. The manufacturer's instructions indicated Latanoprost can be stored at room temperature for six weeks. During an interview on June 2, 2022, at 10:40 a.m., ULP-G stated she was not aware of a policy when eye drops should be disposed of after they are opened. During an interview on June 2, 2022, at 3:20 p.m., registered nurse (RN)-C and RN-D confirmed all medications should be labeled with directions and insulin and eye drops should be dated when opened. The licensee's Labeling of Medication policy dated, December, 2019, indicated all medications labels should be legible at all times. The policy also indicated medications such as insulin or pens should be labeled with a open date. TIME PERIOD FOR CORRECTION: Seven (7) days.	01890		
02310 SS=I	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date	02310		

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02310	Continued From page 11 service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure care and services were provided according to acceptable health care and medical or nursing standards for 4 out of 4 residents (R5, R6, R7, R8) with side rails. This resulted in an immediate correction order on May 31, 2022, at 5:15 p.m. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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: The licensee's resident roster indicated 15 residents had side rails. R5 R5 resided in memory care with diagnosis including dementia and hallucinations. R5's side rail assessment was requested and not provided. R6 R6's current diagnoses including dementia.	02310	This immediate correction order identified on May 31, 2022, has been corrected as of June 1, 2022. This was confirmed by the surveyor's on-site observation and approved by evaluation supervisor. No further action required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	22115	A. BUILDING: _____ B. WING _____	06/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE MANOR ASSISTED LIVING	638 3RD STREET GAYLORD, MN 55334

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02310	Continued From page 12 R6's Side Rail assessment indicated R6 required half side rails for positioning and or transfers. The assessment included a summary of the side rail assessment which indicated rail gaps were 3 ¾ inches. R6's assessment did not include the risks and benefits of the side rail with the resident and/or resident representative. RN-C completed the assessment on May 31, 2022. R7 R7 resided in memory care with current diagnoses including dementia and hallucinations. R7's Bed Rail Assessment dated July 17, 2017, and reviewed on June 9, 2021, indicated R7 had required a side rail used for positioning. R7's assessment indicated the licensee reviewed the risks versus benefits of the side rails with the resident and/or resident's representative, however, the assessment lacked documentation of the side rail measurements. R8 R8 resided in memory care with current diagnoses including dementia and muscle weakness. R8's Bed Rail Assessment dated January 11, 2022, indicated R8 had required a quarter side rail used for positioning. R8s assessment indicated the licensee did not review the risks versus benefits of the side rail with the resident and/or resident's representative. The assessment lacked documentation of the side rail measurements. On May 31, 2022, at 4:05 p.m., a surveyor observed R7's right-sided side rail was loose with	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	22115	A. BUILDING: _____ B. WING _____	06/03/2022

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02310	Continued From page 13 movement when grabbed. On May 31, 2022, at 4:10 p.m., a surveyor observed R5's bilateral side rails and when tested the right-side railing was loose with movement. On May 31, 2022, at 4:20 p.m., registered nurse (RN)-C confirmed R5 and R7's side rails were loose. RN-C stated maintenance was responsible for measuring side rails. The surveyor requested maintenance to come and measure R7's side rail. When the surveyor returned to R7's room maintenance had removed R7's side rail. On May 31, 2022, at 4:51 p.m., RN-C stated R5 did not have a side rail assessment and confirmed R5's side rail was a risk for entrapment. RN-C also confirmed she completed R6's side rail assessment today. RN-C was not aware of how often the side rails were checked to ensure safety. Maintence (M)-E stated R7's bed was hospital bed provided by hospice. On May 31, 2022, 5:15 p.m., administrator and RN-C stated the licensee should re-assess all residents with side rails. RN-C and the administrator also stated the licensee would measure side rails. The licensee's Assessment Schedule policy, dated August 26, 2021, indicated side rail assessments should be completed upon installation and every 12 months thereafter. The licensee's undated Side Rail policy, indicated the licensee should assess the client's cognitive and physical abilities and ability to call for help if entrapment occurs, assess compliance with and maintain the siderails according to manufacturer's instructions and education the client and or	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	22115	A. BUILDING: _____ B. WING _____	06/03/2022

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02310	Continued From page 14 representative on the risks of entrapment, including injury and death. When siderails are in use, the RN conducts and assessment to identify the intended purpose of the siderail and the risks regarding the siderail. The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bedrails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe. TIME PERIOD FOR CORRECTION: Immediate	02310		

DEPARTMENT OF HEALTH

Type: Full
Date: *05/31/22*
Time: 10:30:00
Report: 1033221037

Food and Beverage Establishment Inspection Report

Location:
Oak Terrace Gaylord Llc
AKA Bayside Manor
Assisted Living
638 3rd Street Gaylord,
MN55334 Sibley
County: 72

Establishment Info:
ID #: 0038738
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5072372911
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

4-700 Sanitizing Equipment and Utensils

4-702.11 ** Priority 1 **

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.

Dish machine chlorine was measured at less than 50ppm.

Comply By: 05/31/22

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

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

Facility does not have a test kit to measure sanitizing solution.

Comply By: 06/14/22

4-600 Cleaning Equipment and Utensils

4-601.11A ** Priority 2 **

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

Vegetable slicer had visible food debris on it.

Comply By: 05/31/22

Surface and Equipment Sanitizers

Chlorine: = <50 at Degrees Fahrenheit
Location: Dish Machine
Violation Issued: Yes

Quaternary Ammonium: = 200 at Degrees Fahrenheit
Location: Bucket
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: Drink Cooler
Violation Issued: No

Process/Item: Hot Holding
Temperature: 190 Degrees Fahrenheit - Location: Tomatoe Soup-Steam Table
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: Watermelon-Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 0> Degrees Fahrenheit - Location: Three Door Freezer
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: Cooked Sausage-WIC
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: Tuna Salad-WIC
Violation Issued: No

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

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

I acknowledge receipt of the inspection report number 1033221037 of 05/31/22.

Certified Food Protection Manager: Jess L Ufkes

Certification Number: FM4365 Expires: 01/21/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Jess L Ufkes

Signed: _____
Isaiah Armendariz
Environmental Health Specialist
Mankato District Office
507-344-2743
isaiah.armendariz@state.mn.us