Electronically Delivered

July 5, 2024

Licensee
Partners in Cares Inc.
7620 Harriet Avenue South
Richfield, MN 55423

RE: Project Number(s) SL35846015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 11, 2024, 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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.

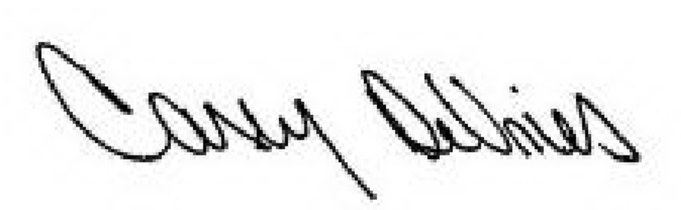
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35846	A. BUILDING: _____ B. WING _____	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARTNERS IN CARES INC	7620 HARRIET AVENUE SOUTH RICHFIELD, MN 55423

(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: SL35846015-0 On June 10, 2024, through June 11, 2024, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four residents all of whom received services under the provider's Assisted Living 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 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (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: 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 11, 2024, 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 to the FBEIR for any compliance dates.	0 480		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control	0 660		

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0 660	Continued From page 2 program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test for one of two employees (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: The facility TB risk assessment form dated	0 660		

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0 660	Continued From page 3 October 17, 2023, indicated the facility was at a low risk for TB transmission. ULP-B began employment with the licensee on January 16, 2023, to provide direct care and services to the licensee's residents. ULP-B's employee record included two health history and symptom screenings completed January 16, 2023, and January 16, 2024. In addition, ULP-B's employee record included a step-one TST completed on June 28, 2022. ULP-B's record lacked a second step TST. On June 11, 2024, at 9:37 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C verified ULP-B's employee record lacked a second step TST. LALD/CNS-C stated, "I am sure she did it (TST), but they didn't bring the second one (documentation) in." On June 11, 2024, at 10:02 a.m., LALD/CNS-C stated ULP-B previously worked at a sister facility and transferred to the licensee on January 16, 2023. On June 11, 2024, at 10:53 a.m., LALD/CNS-C stated their process was after a new employee completed a background study, the licensee had the employee complete a TB screening. LALD/CNS-C stated the licensee had a contract with a clinic in St. Louis Park to complete blood tests for TB to their employees however, if the employee wanted to receive a two-step TST they were allowed to go to their clinic of choice and provide the licensee with the results of the two steps. The licensee's Tuberculosis Screening / Prevention policy dated January 1, 2023,	0 660		

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0 660	Continued From page 4 indicated the licensee would observe the recommended precautions related to TB prevention as identified by the CDC and the Minnesota Department of Health (MDH). The CDC's document titled Baseline Tuberculosis Screening and Testing for Health Care Personnel dated December 19, 2023, indicated all health care personnel should be screened for TB upon hire including a risk assessment, symptom evaluation, and TB blood test or TB skin test. Additionally, the document indicated two-step testing was recommended for the initial TB skin test for adults who may be tested periodically, such as health care personnel. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 660		
0 820 SS=F	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.	0 820		

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0 820	Continued From page 5 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all residents and staff. 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). Findings include: On a facility tour on June 11, 2024, at approximately 11:00 a.m. with the license assisted living director/clinical nurse supervisor (LALD/CNS)-C, it was observed cigarette butts were discarded on the floor and in an unapproved container in the unattached garage. There were gas containers and gas operated equipment near the area inside the garage where smoking was taking place. The surveyor explained to LALD/CNS-C, that all cigarette butts shall be properly discarded into an approved container and that cigarette smoking should not take place inside the garage. LALD/CNS-C visually verified the deficient condition at time of discovery. TIME PERIOD FOR CORRECTION: Two (2) days.	0 820		

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01730	Continued From page 6	01730		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes.	01730		

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01730	Continued From page 7 (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and maintain a current individualized medication management record for each resident to include all required content for three of three residents (R1, R2, 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 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: R1 R1 admitted to the licensee on March 9, 2023, and began receiving assisted living services. R1's Service Plan (Wavier)-Addendum to Contract signed March 9, 2023, indicated R1 received assistance with bathing reminders, housekeeping, dressing, grooming, laundry, behavior management, blood glucose monitoring, medication administration, meals, safety checks, shopping, and socialization. R1's prescribers orders signed March 28, 2024, included Tylenol 500 milligrams (mg) give one to two tablets every four hours as needed for pain	01730		

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01730	Continued From page 8 and fever. R1's Med Admin-Summary- Month dated June 1, 2024, through June 30, 2024, included Tylenol 500 mg give one to two tablets (500 mg to 1000 mg) by mouth every four hours as needed (PRN). The electronic medication administration record (EMAR) lacked specific instructions for when 500 mg of Tylenol should be administered verses 1000 mg. R1's Individualized Medication Assessment and Management Plan completed March 8, 2024, indicated R1 needed full medication administration management from staff, medications were locked in medication room, R1 took medications whole, facility nurse was responsible for monitoring supplies and ordering refills, ULP would contact a nurse with any questions or concern with medication administration by phone, documentation related to medications were located on the EMAR, and monitoring of medications to prevent possible complication to adverse reactions could be found on the EMAR. R2 R2 admitted to the licensee on February 27, 2024, and began receiving assisted living services. R2's service plan signed February 27, 2024, indicated R2 received assistance with bathing reminders, dressing, grooming, housekeeping, laundry, behavior management, meals, medication administration, safety check, shopping, and socialization. R2's prescribers orders dated March 17, 2024, included acetaminophen 325 mg give one to two	01730		

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01730	Continued From page 9 tablets every four hours PRN, calcium carbonate 500 mg give one to two tablets every hour PRN, diphenhydramine 25 mg give one to two tablets as needed every six hours PRN, ibuprofen 200 mg give one to two tablets every six hours PRN, lidocaine patch apply on the skin two times daily PRN, Milk of Magnesia 30 mg to 60 mg daily PRN. R2's Med Admin Summary - Month dated June 1, 2024, through June 30, 2024, included acetaminophen 325 mg give one to two tablets by mouth PRN every four hours, calcium carbonate 500 mg give one to two tablets by mouth every one hour PRN, diphenhydramine give one to two tablets (25 mg to 50 mg) by mouth every six hours PRN, ibuprofen give one to two tablets (200 mg to 400 mg) every six hours PRN, lidocaine patch to the skin two times a day as needed, Milk of Magnesia give 30 mg to 60 mg a day PRN. The EMAR lacked specific resident instructions for administration on the following: - acetaminophen when to administer one tablet verses two tablets; - calcium carbonate when to administer one tablet verses two tablets; - diphenhydramine when to administer 25 mg verses 50 mg; - ibuprofen when to administer 200 mg verses 400 mg; - lidocaine patch where to apply the patch on the skin; and - Milk of Magnesia when to give 30 mg verses 60 mg. R2's Individualized Medication Assessment and Management Plan completed February 27, 2024, indicated R2's medication were administered by staff, medications were locked in medication room, R2 took medications whole, nurse was	01730		

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01730	Continued From page 10 responsible for monitoring supplies and ordering refills, ULP were to contact the nurse with questions or concerns with medication administration, documentation related to medications were located on the EMAR, and monitoring of medications to prevent possible complications or adverse reactions could be found on the EMAR. R4 R4 admitted to the licensee on May 25, 2023, and began receiving assisted living services. R4's service plan signed May 25, 2024, indicated R4 received assistance with bathing reminders, dressing, grooming, housekeeping, laundry, behavior management, meals, medication administration, vital sign monitoring, safety checks, shopping, and socialization. On June 11, 2024, at 7:26 a.m., the surveyor observed ULP-A administer oral medication to R4. R4's prescriber orders signed August 16, 2023, included acetaminophen 325 mg give one to two tablets every six hours PRN. R4's Med Admin-Summary- Month dated June 1, 2024, through June 30, 2024, included acetaminophen 325 mg give one to two tablets every six hours PRN. The electronic medication administration record (EMAR) lacked specific instructions for when one tablet verses two tablets would be administered. R4's Individualized Medication Assessment and Management Plan completed May 18, 2024, indicated R4's medication were administered by staff, medications were locked in medication	01730		

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01730	Continued From page 11 room, R4 took medications whole, nurse was responsible for monitoring supplies and ordering refills, ULP were to contact the nurse with questions or concerns with medication administration, documentation related to medications were located on the EMAR, and monitoring of medications to prevent possible complications or adverse reactions could be found on the EMAR. R1, R2, and R4's individualized medication plans comprised of multiple documents lacked the following required content: - documentation of specific resident instructions relating to the administration of medications. On June 11, 2024, at 7:46 a.m., the surveyor observed RTasks (a documenting program) EMAR and did not observe further instructions written in the medication orders for R1, R2, and R4. The surveyor inquired why there was not resident specific information for medication administration written in the EMAR. Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated ULP were trained to give the lowest dose of medication first and if the medication was not effective, they could administer the second part of the dosage. LALD/CNS-C stated ULP were allowed to administer Tylenol based on the EMAR however, any other PRN medication they needed to call the nurse for what dosage to administer. The licensee's PRN Medication policy dated August 1, 2022, indicated ULP were to call the nurse before they administered PRN medications if they had any questions or concerns. The licensee's Medication Administration policy dated January 1, 2023, read, "All staff with	01730		

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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
01730	Continued From page 12 responsibility for medication administration have access to information about the medication being administered, including but not limited to: a. Purpose b. Dosage c. Route d. Frequency e. Instructions related to the medication and specific to the residents, as appropriate f. Side effects g. Resident allergies to medications." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01730		
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee limited the rights of residents when the licensee required all residents who resided in the facility to follow certain house rules. 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	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35846	A. BUILDING: _____ B. WING _____	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARTNERS IN CARES INC	7620 HARRIET AVENUE SOUTH RICHFIELD, MN 55423

(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
02290	Continued From page 13 or has the potential to affect a large portion or all of the residents). The findings include: R1 R1 admitted to the licensee on March 9, 2023, and began receiving assisted living services. R1's Service Plan (Wavier)-Addendum to Contract signed March 9, 2023, indicated R1 received assistance with bathing reminders, housekeeping, dressing, grooming, laundry, behavior management, blood glucose monitoring, medication administration, meals, safety checks, shopping, and socialization. R2 R2 admitted to the licensee on February 27, 2024, and began receiving assisted living services. R2's service plan signed February 27, 2024, indicated R2 received assistance with bathing reminders, dressing, grooming, housekeeping, laundry, behavior management, meals, medication administration, safety check, shopping, and socialization. R4 R4 admitted to the licensee on May 25, 2023, and began receiving assisted living services. R4's service plan signed May 25, 2024, indicated R4 received assistance with bathing reminders, dressing, grooming, housekeeping, laundry, behavior management, meals, medication administration, vital sign monitoring, safety checks, shopping, and socialization.	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35846	A. BUILDING: _____ B. WING _____	06/11/2024

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02290	Continued From page 14 R1, R2, and R4's medical record included a document titled Acknowledgement Page signed March 9, 2023, February 27, 2024, and May 25, 2023, respectively. The document indicated by signing the form the resident attested they have received the documents and information listed on the document. In addition, the form indicated no alcohol was allowed at the facility. On June 11, 2024, at 10:53 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they do not allow alcohol in the facility because the residents have mental health issues and are on medications that should not be taken with alcohol. LALD/CNS-C stated, "I don't want to do a crisis." The surveyor inquired what would occur if a resident brought alcohol into the facility. LALD/CNS-C stated the licensee first would treat the resident until they were back to baseline and then have a conversation with the resident about not having alcohol in the facility. If the resident continued to bring alcohol into the facility, the licensee would talk with case manager, have a care conference, potentially send to a rehabilitation center, and potentially discharge the resident. LALD/CNS-C stated having alcohol at the facility becomes a safety issue however, a resident can choose to have alcohol out of the facility. LALD/CNS-C stated they were not attempting to take away the resident's rights they just were attempting to keep the residents safe. The licensee's undated Minnesota Home Care Bill of Rights indicated the licensee could not request or require a resident to waive any of their rights at any time for any reason, including a condition of admission to the facility. No further information was provided.	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35846	A. BUILDING: _____ B. WING _____	06/11/2024

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02290	Continued From page 15 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	02290		

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

Type: Full
Date: *06/11/24*
Time: 14:07:11
Report: 1021241159

Food and Beverage Establishment Inspection Report

Location:
Parnter'S In Care Inc
7620 Harriet Avenue South
Richfield, MN55423
Hennepin County, 27

Establishment Info:
ID #: 0038763
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6125178312
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.

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

HANDWASHING SINK IN THE KITCHEN IS MISSING A HANDWASHING SIGN/POSTER THAT REMINDS FOOD EMPLOYEES TO WASH HANDS BEFORE RETURNING TO WORK. PROVIDE AS DESCRIBED IN RULE ABOVE.

Comply By: 06/12/24

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: MILK - GE REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: SLICED HAM - GE REFRIGERATOR
Violation Issued: No

Process/Item: Ambient Temperature
Temperature: 40 Degrees Fahrenheit - Location: GE REFRIGERATOR
Violation Issued: No

Type: Full
Date: *06/11/24*
Time: 14:07:11
Report: 1021241159
Parnter'S In Care Inc

Food and Beverage Establishment Inspection Report

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

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH LALD, MAHAMED SALAH AND HEALTH REGULATION DIVISION NURSE EVALUATOR, ASHLEY CREWS.

THIS FACILITY IS A RESIDENTIAL HOME AND THEY CURRENTLY HAVE 4 CLIENTS AND THE FACILITY CAN HAVE UP TO 4 CLIENTS.

PER CONVERSATION WITH LALD, FOOD IS MADE FOR SAME DAY SERVICE. NO LEFTOVERS ARE KEPT.

THE KITCHEN HAS RESIDENTIAL EQUIPMENT, WOOD CABINETS AND LAMINATE COUNTERTOPS. PHYSICAL FACILITY ITEMS WILL BE MONITORED DURING FUTURE INSPECTIONS.

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 1021241159 of 06/11/24.

Certified Food Protection Manager: MAHAMED A. SALAH

Certification Number: FM107606 Expires: 07/14/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
MAHAMED SALAH
LALD/CFPM

Signed: _____
Melissa Ramos
Environmental Health Specialist
Metro District Office
651-201-4495
Melissa.Ramos@state.mn.us