Electronically Delivered

April 16, 2025

Licensee
Attentive Care
3524 Kyle Avenue North
Crystal, MN 55422

RE: Project Number(s) SL35546016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 19, 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 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.

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,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 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
	35546	A. BUILDING: _____ B. WING _____	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATTENTIVE CARE	3524 KYLE AVENUE NORTH CRYSTAL, MN 55422

(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 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: SL35546016-0 On March 17, 2025, through March 19, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were five residents; five 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.	
0 460 SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and	0 460		

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0 460	Continued From page 1 decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide a means for residents to request assistance for health and safety needs 24 hours a day, seven days a week. This had the potential to affect all five (5) residents in the facility. This practice resulted in a level two violation (a violation that did not harm a client'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 is 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 March 17, 2025, at 10:30 a.m., during the entrance conference, the clinical nurse	0 460		

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0 460	Continued From page 2 supervisor, (CNS)-A stated the facility did not provide a system for residents to summon staff for assistance. CNS-A explained most residents had their own cell phone, however the licensee did not provide or ensure each resident owned a cell phone or was able to use a cell phone effectively. CNS-A stated current residents were able to verbally communicate their needs to staff and could physically approach staff for assistance. On March 17, 2025, at 11:30 a.m., during a tour of the facility, resident rooms were observed on both the upper and lower levels of the facility. R1 resided in one of two bedrooms on the lower level (basement). R1's Master Care Plan, dated November 2, 2024, indicated R1 had Diagnoses including major depression, suicidal thoughts, post-traumatic stress disorder, and anxiety. The care plan further indicated, "The client has knee pain which affects her mobility and it puts her at risk of falls." R1's Behavior Plan, printed March 18, 2025, indicated R1 exhibited verbally aggressive behavior, increased anxiousness and restlessness, and physically aggressive behavior to include throwing objects around or at others. The licensee's staff was directed to intervene by providing medication and behavior interventions. The document also indicated R1 displayed frustration, mood swings, and aggression when under the influence of alcohol and drugs. R1 lacked a call system in the bedroom as well as their bathroom. Upon completion of the tour, the licensee lacked any type of system to alert staff to residents needs and wants.	0 460		

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0 460	Continued From page 3 The licensee provided a purchase order indicating a call light system was ordered March 17, 2025, during the survey time, and was shipped March 18, 2025. On March 19, 2025, at 4:30 p.m., CNS-A stated the licensee understood the importance of a call-light system for the safety and well-being of the residents residing in the facility. CNS-A explained the licensee already purchased a call-light bell for each resident and future residents of the facility. CNS-A stated the call lights would be installed promptly and residents and staff would be instructed and trained on use. The [licensee's name] Emergency Call Light policy, effective date March 2, 2025, indicated: -[licensee name] would maintain a call-light in each client's room to respond to client needs. -all employees were oriented and trained to respond to call-light requests. -facility management staff would ensure that all call-lights were working effectively in each client's room. -inoperative call-lights would be fixed immediately No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 460		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (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	0 480		

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0 480	Continued From page 4 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 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	0 480		

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0 480	Continued From page 5 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, March 18, 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 to the FBEIR for any compliance dates.	0 480		
0 485 SS=F	144G.41 Subdivision 1.a (a) Minimum requirements; required food services	0 485		

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0 485	Continued From page 6 All assisted living facilities must offer to provide or make available 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 menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to offer at least three nutritious meals daily, according to the recommended dietary allowances in the United Stated Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables and failed to ensure a menu was prepared a week in advance and provided to the residents. This had the potential to affect all five residents, residing in the facility. 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:	0 485		

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0 485	Continued From page 7 On March 17, 2025 , at 10:30 a.m., during the entrance conference, clinical nurse supervisor (CNS)-A stated the licensee served three meals per day as per the Minnesota Food Code. On March 17, 2025, at 11:15 a.m., during the facility tour, a menu was observed posted near the front entrance of the facility. The menu for the week of March 15, 2025, through March 21, 2025, included the following: March 17, 2025 Breakfast: English muffin egg and cheese sandwich, 6 ounces (oz) milk or juice, 1 cup of coffee, orange Lunch: burritos (beef /bean), 8 oz water, lemonade with fig Dinner: "Open Dinner" March 18, 2025 no breakfast menu listed Lunch: 3 Mini-pizza bagels (cheese/chicken), 6oz water or lemonade Dinner: 1 cup beef roast with gravy and mashed potatoes, 1 cup green beans, 6oz milk, and "water snack peach blueberry with pear" The menu indicated, "Cold and hot breakfast are always available. Lunch meat tuna, fresh and frozen vegetables are always available for lunch. Fruits are in the fruit basket and the refrigerator. All dinner must be served with some kind vegetables." On March 17, 2025, at 11:45 a.m., during a meal observation, unlicensed personnel (ULP)-D was preparing lunch which included chicken and rice, rather than beef and bean burritos, as indicated on the menu. ULP-D stated chicken and rice was	0 485		

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0 485	Continued From page 8 all that was available for lunch, other than fish. ULP-D added the licensee ran out of fresh fruits and vegetables "yesterday". ULP-D looked in two refrigerators in the facility and found the only fresh or frozen fruits or vegetables available to residents was one head of lettuce. The fruit basket on the table was empty. ULP-D explained what was posted on the menu was not available at this time, and they did not usually adhere to the menu. House manager, (HM)-C stated although there was no salad dressing available to the residents, "they could tear up the lettuce and add to the food." On March 18, 2025, at 8:30 a.m., during a second meal observation, a resident (R3) was eating breakfast at the kitchen table. R2's plate included eggs, toast, grapes and orange juice. Coffee and milk were offered but declined. The fruit basket located on the kitchen table was filled bananas and oranges. Grapes were observed on the counters and papayas were observed on the table. On March 18, 2025, at 9:35 a.m., R3 was observed in their room. R3 stated that although they were satisfied with their meal choices overall, there was typically not a variety of fresh fruits and vegetables. On March 19, 2025, at 4:30 p.m., CNS-A stated going further the licensee would consult with residents and prepare a menu and meals accordingly. CNS-A stated the licensee would also provide an alternative of a different ethnic choices to meet resident preferences. The Menu Procedure at [licensee name], updated January 10, 2025, indicated: -evening staff were responsible for seeking client	0 485		

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0 485	Continued From page 9 input regarding the menu for the following week. This staff member would ask about client food preferences and sensitivities. Staff would also review the allergy list of clients before drafting the weekly food menu. -evening staff would draft a menu consisting of nutritious, balanced meals, and snacks. This staff would then forward the draft of the menu to the management staff for approval. -management staff would partner with clients to go grocery shopping on a weekly basis or as needed. -morning staff were responsible for preparing breakfast lunch. -evening staff were responsible for making dinner and providing snacks. -staff at every shift would prompt management for any food items running low. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 650 SS=F	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including	0 650		

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0 650	Continued From page 10 qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the employee record contained the required content for two of two employees (clinical nurse supervisor (CNS)-A and unlicensed personnel (ULP)-D). This practice resulted in a level two violation (a violation that did not harm a client'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 is 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 March 17, 2025, at 10:30 a.m., during the entrance conference, CNS-A stated although employee records were entirely kept on paper, the licensee recently began using Educare (an electronic education and training system) to increase compliance and timely completion with staff records and education.	0 650		

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0 650	Continued From page 11 CNS-A CNS-A was hired on July 24, 2024, to provide supervision and oversite to ULPs and to provide direct care services to the licensee's residents. CNS-A's employee record lacked documentation of: -a current job description -tuberculosis (TB) training and screening ULP-D ULP-D was hired on March 17, 2025, to provide direct care and services to the licensee's residents. ULP-D's employee record lacked documentation of annual training (at least eight hours for every 12 months of employment), in the following topics: -reporting maltreatment of vulnerable adults or minors -assisted Living bill of rights -infection control techniques -review of provider's policies and procedures -principles of person-centered planning/service delivery -hearing loss training (optional) The record further lacked evidence of dementia training (two (2) hours annually), and TB training and screening. On March 19, 2025, at 4:30 p.m., registered nurse (RN)-B stated they believed the employee records were complete, however they were unable to locate them. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35546	A. BUILDING: _____ B. WING _____	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATTENTIVE CARE	3524 KYLE AVENUE NORTH CRYSTAL, MN 55422

(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
0 775 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 provide appropriate disposal areas for smoking materials and to maintain property in property in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect 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 the potential to affect a large portion or all of the residents). The findings include: On March 19, 2025, from approximately 10:04 a.m. to 11:16 a.m., the surveyor toured the facility with clinical nurse supervisor (CNS)-A and unlicensed personnel (ULP)-D and observed the following deficient conditions: Multiple cigarettes were present on the ground around of the facility. Cigarettes should be disposed of properly in approved containers. A shallow container was provided but was not sufficient to properly contain smoking materials as evidenced by cigarette butts on the ground	0 775		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35546	A. BUILDING: _____ B. WING _____	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATTENTIVE CARE	3524 KYLE AVENUE NORTH CRYSTAL, MN 55422

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0 775	Continued From page 13 nearby. The improper disposal of smoking materials such as cigarettes poses risk of fire. The egress window well for resident room 5 contained significant amount of leaves, yard waste and refuse. Egress wells should be cleaned out and maintained free of obstruction. An electrical outlet near the bed in resident room 3 was blackened and showed damage. The damaged electrical outlet may present risk of fire and should be repaired and maintained in proper working order. An extension cord was in use in lieu of permanent wiring in resident room 4 to run several appliances and devices. Extension cords should not be utilized in lieu of permanent wiring and larger devices should be plugged directly into electrical outlet. CNS-A and ULP-D verified the noted deficient conditions during the survey. The surveyor explained requirements and noted deficient conditions in the facility, including the importance of maintaining proper disposal of smoking materials. CNS-A and ULP-D stated that they understood the requirements. TIME PERIOD FOR CORRECTION: Two (2) days	0 775		
0 800 SS=E	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	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35546	A. BUILDING: _____ B. WING _____	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATTENTIVE CARE	3524 KYLE AVENUE NORTH CRYSTAL, MN 55422

(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
0 800	Continued From page 14 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 provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect some 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 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 March 19, 2025, from approximately 10:04 a.m. to 11:16 p.m., the surveyor toured the facility with clinical nurse supervisor (CNS)-A and unlicensed personnel (ULP)-D. During the tour the surveyor observed the following. The wall around the window assembly in resident room 4 was missing sheetrock and was in an unfinished state. Resident room 2 had significant amount of crumbs and food waste on the floor and was not	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35546	A. BUILDING: _____ B. WING _____	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATTENTIVE CARE	3524 KYLE AVENUE NORTH CRYSTAL, MN 55422

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0 800	Continued From page 15 maintained in clean and sanitary manner. Resident rooms should be maintained in clean and orderly manner. Bathroom walls had chipped paint in resident room 1. During the facility tour interview on March 19, 2025, CNS-A and ULP-D verified the above listed physical environment observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		

Environmental Health
Food, Pools, and Lodging
625 Robert St. N
St. Paul
651-201-5000

Type: Full
Date: *03/18/25*
Time: 10:30:00
Report: 1031251087

Food and Beverage Establishment Inspection Report

Location:
Attentive Care
3524 Kyle Avenue North
Crystal, MN55422
Hennepin County, 27

Establishment Info:
ID #: 0037671
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9527699221
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.

7-200 Toxic Supplies and Applications

7-204.11 ***** Priority 1 *****

MN Rule 4626.1620 Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.

SANI SPRAY MEASURED > 200 PPM and SANI WIPES MEASURED < 150 PPM.

DISCONTINUE USING UNAPPROVED WIPING AND SPRAY CHEMICALS.

MAKE BLEACH AND WATER BUCKET OR SPRAY, TEST FOR CONCENTRATION, AND USE DAILY.

Corrected on Site

4-300 Equipment Numbers and Capacities

4-302.13B ***** Priority 2 *****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

ESTABLISHMENT MISSING IRREVERSIBLE MEASURING DEVICE.

PROVIDE IRREVERSIBLE MEASURING AND MEASURE UTENSIL TEMPERATURE (160F REQUIRED) AT REGULAR INTERVALS.

SEND PIC TO INSPECTOR SHOWING DISH MACHINE TEMP.

Comply By: 03/24/25

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.

ESTABLISHMENT DOES NOT HAVE SANITIZER TESTING KIT ON SITE.

PURCHASE KIT AND TEST SANI CONCENTRATION (50-200PPM BLEACH, 150-400PPM QUAT) ON REGULAR BASIS.

Comply By: 03/24/25

5-200C Plumbing: Maintenance, fixture location

5-205.11AB ***** Priority 2 *****

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

HANDWASH BASIN FILLED WITH DISHES.

KEEP HANDWASH BASIN CLEAR OF ALL ITEMS.

Comply By: 03/20/25

6-300 Physical Facility Numbers and Capacities

6-301.12 ***** Priority 2 *****

MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

EST. DID NOT HAVE PAPER TOWELS IN KITCHEN OR BATHROOM.

HAD PIC PLACE PAPER TOWELS ON BOTH AREAS.

RECOMMEND INSTALLING PAPER TOWEL HOLDERS IN ABOVE AREAS.

Comply By: 03/20/25

4-100 Equipment Construction Materials

4-101.19

MN Rule 4626.0495 Remove non-food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling, or that require frequent cleaning, that are not constructed of a corrosion-resistant, non-absorbent, and smooth material.

NEWSPAPER AND PAPER TOWELS USED UNDER DISHES IN CUPBOARD.

REMOVE ALL NON-CLEANABLE ITEMS FROM CUPBOARDS. EST. MAY CHOOSE TO INSTALL CONTACT PAPER IN CUPBOARDS.

Comply By: 04/02/25

4-300 Equipment Numbers and Capacities

4-303.11B

MN Rule 4626.0721B Provide chemical sanitizers to sanitize equipment and utensils during all hours of operation.

ESTABLISHMENT DOES NOT HAVE SANITIZER BUCKETS OR SPRAY PREPARED.
MAKE SANI BUCKETS OR SPRAY PRIOR TO BEGINNING FOOD PREP OR COOKING.

Comply By: 03/21/25

4-600 Cleaning Equipment and Utensils

4-601.11B

MN Rule 4626.0840B Maintain the food contact surfaces of cooking equipment and pans free of encrusted grease deposits and other soil accumulations.

OVEN INTERIOR HAS ENCRUSTED FOOD DEBRIS THROUGHOUT CAVITY AND DOOR.

CLEAN OVEN INTERIOR, DOORS, AND GLASS.

Comply By: 04/09/25

4-600 Cleaning Equipment and Utensils

4-602.13

MN Rule 4626.0855 Clean all non-food-contact surfaces of equipment at a frequency necessary to preclude accumulation of soil residues.

OVEN AND TOASTER HAVE GREASE/SPLASHES/SPILLS ON SURFACES.

CLEAN OVEN AND TOASTER.

Comply By: 04/09/25

6-300 Physical Facility Numbers and Capacities

6-303.11C

MN Rule 4626.1470C Provide at least 50 foot candles (540 LUX) of light intensity for areas where food employees are working with utensils and equipment where safety is a factor.

THE FOLLOWING AREAS NEED BULB REPLACEMENT OR BRIGHTER BULBS:

1. REFRIGERATOR
2. STOVE HOOD
3. KITCHEN CEILING - REPLACE EXISTING BULBS WITH BRIGHTER BULBS

Comply By: 04/03/25

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.111ABD

MN Rule 4626.1565ABD Provide control of insects, rodents, and other pests by routinely inspecting incoming food and supply shipments; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.

PLUMBING PENETRATIONS UNDER SINK NOT SEALED AND CAN ALLOW PEST INTO WALLS AND BASEBOARDS.

PATCH HOLES AS DISCUSSED ON SITE.

Comply By: 04/09/25

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.
THE FOLLOWING AREAS HAVE GREASE/SPLASHES/SPILLS:

1. CUPBOARD FRONTS.
2. WALL AND CEILING ABOVE HOOD.

CLEAN ABOVE AREAS.
Comply By: 04/09/25

Surface and Equipment Sanitizers

Chlorine: > 200 at Degrees Fahrenheit
Location: Sani Spray
Violation Issued: Yes

Quaternary Ammonia: < 150 at Degrees Fahrenheit
Location: Sani Wipes
Violation Issued: Yes

Hot Water: = 170 at Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/Mayo
Temperature: 41 Degrees Fahrenheit - Location: Refrigerator 1
Violation Issued: No

Process/Item: Cold Hold/Milk
Temperature: 34 Degrees Fahrenheit - Location: Refrigerator 2
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	1	4	7

Nurse Evaluator on site: Mary Bruess

All violations discussed with PIC during the inspection.

NOTES:

- Establishment has a residential kitchen (4626.0506(G)(2)) Same-day service only. No saving and reheating of foods or preparation of foods the day prior to eating. Any remaining food from meals to be removed/discarded at end of day.

- Staff must prepare sanitizer bucket or squirt bottle daily. Check concentration with test strips (50-200ppm Chlorine) when preparing solution.

DO NOT USE UNAPPROVED SPRAY CHEMICALS OR SANI WIPES IN KITCHEN. CONTACT INSPECTOR PRIOR TO USING ANY PREMADE CHEMICALS.

- Establishment does not have pasteurized eggs and does not prepare eggs for consumption under 145F. Purchase pasteurized eggs if intending to serve eggs undercooked.

- Make sure to datemark any prepared cold items that are kept in refrigerator.

- Employee food needs to be labeled and separated from residents food.

- Cutting boards should be utilized as food contact surfaces and not counters or plates.

- Establishment needs to check dish washer utensil temperature weekly (160F required). If utensil temp not reaching 160F, use washer to wash/rinse and sink basin with sanitizer solution to sanitize dishes then air dry, as discussed during inspection.

- 2-Comp sink has right basin designated for handwashing and the right basin for product washing/prep sink.

- When preparing food, make sure to use a thin-probe thermometer to check temperatures.

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

I acknowledge receipt of the Environmental Health inspection report number 1031251087 of 03/18/25.

Certified Food Protection Manager: Marriam M. Abdo

Certification Number: 114286 Expires: 12/22/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Abdirahman Hassan
Person in Charge

Signed: _____

Chris Foster
Public Health Sanitarian III
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us