DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

August 23, 2023

Licensee
English Rose Suites
6201 Loch Moor Drive
Edina, MN 55439

RE: Project Number(s) SL25762015

Dear Licensee:

On July 11, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the May 17, 2023, suvey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jonathan Hill, Supervisor
State Evaluation Team
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-281-9796

PMB

Electronically Delivered

June 14, 2023

Licensee
English Rose Suites
6201 Loch Moor Drive
Edina, MN 55439

RE: Project Number(s) SL25762015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 17, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The 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.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment.
The MDH may impose 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 MDH 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 (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 survey:

St - 0 - 0470 - 144g.41 Subdivision 1 - Minimum Requirements = $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction 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 reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this

letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for 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

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 MDH 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. 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 the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Jonathan Hill, Supervisor
State Evaluation Team
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-281-9796

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25762	A. BUILDING: _____ B. WING _____	05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ROSE SUITES	6201 LOCH MOOR DRIVE EDINA, MN 55439

(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: SL25762015-0 On May 15, 2023, through May 17, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 6 active residents receiving services under the Assisted Living with Dementia Care license. An immediate correction order was identified on May 16, 2023, at May 16, 2023, at approximately 8:30 p.m., issued for SL2576215-0, tag identification 0470. On May 17, 2023 at 12:12 p.m., the immediacy of correction order 0470 was removed, however non-compliance remained, and the scope and level remained unchanged.	0 000	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 with Dementia Care licensed 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.	
0 470 SS=I	144G.41 Subdivision 1 Minimum requirements	0 470		

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0 470	Continued From page 1 (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the facility always had sufficient staffing to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the resident's assessments and served plans on a 24- hour per day basis. This had the potential to affect all residents, staff, and visitors.	0 470		

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0 470	Continued From page 2 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). This resulted in an immediate correction order identified on May 16, 2023, at approximately 8: 30 p.m. The findings include: The facility did not provide staff on the night shift (NOC) to provide transfer assistance of two with mechanical lifts. The Staffing Evaluation Plan for English Rose Suites/ Loch Wood, dated, August 20, 2022, indicated a new NOC float role would be implemented, and identified this was due to additional assistance needed during these hours. The plan further indicated this was due to increased use of Hoyer (mechanical) lifts and end of life cares. The Uniform Disclosure of Assisted Living Services and Amenities dated October 31, 2022, indicated the licensee: -had no additional buildings or units and provided -unlicensed staff are in the building and available to respond to resident requests 24/7 - had an assisted living facility with dementia care license -provided medication management -mobility services to include mechanical lift, assist of two (2)	0 470		

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0 470	Continued From page 3 - two person assist required for all Hoyer lifts The licensee's Staffing Evaluation Plan for English Rose Suites/ Loch Wood, dated, January 31, 2023, indicated licensee would continue "float at NOC." On May 15, 2023, at approximately 10:30 a.m., during the entrance conference the licensed assisted living director (LALD)-A stated the licensee scheduled one unlicensed personal (ULP) for the hours of 10:00 p.m. through 6:00 a.m. and a registered nurse (RN) was available via phone during this time. LALD-A stated the licensee provided services to include mechanical lift transfer via Hoyer lift (a manual hydraulic lift used to transfer those with limited mobility.) On May 16, 2023, at 7:20 a.m., registered nurse (RN)-C stated the licensee had one ULP scheduled each shift, but was available every night and could be at the facility within 15 (fifteen) minutes. RN-C also stated there were three residents (R1, R4, R5) residing in the facility who required two-staff assist with transfers using a Hoyer (hydraulic manual) lift. On May 16, 2023, at approximately 7:20 a.m., morning cares were observed to include assistance to transfer R1 from bed to Broda chair (wheelchair that offers tilt-in-space positioning) by two (2) ULPs (ULP-G and ULP-H). R1 was observed to be resistive to cares by calling out phrases to include: "Stop! You're killing me! No! I am hungry! I don't want to eat." R1 required repeated intervention and behavior management techniques provided by both ULPs. R1's diagnosis included vascular dementia, anxiety, Lewy body dementia (disease associated	0 470		

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0 470	Continued From page 4 with abnormal deposits of a protein in the brain) and major depression. R1's Service plan dated, June 30, 2022, indicated R1 received the following services: record sleep, shower assist (assistance), range of motion, toileting, transfer assist, meal assistance, activity assist, med (medication) assist, bed rail compliance check, behavior management dressing, position/ re-position, and reassurance/safety checks every hour. R1 required two staff assitance with transferring with a Hoyer lift. R4's diagnosis included Lewey body dementia, R4's Service plan dated May 1, 2023, indicated R1 received the following services: med assist, bathing, personal care, assist with ambulation, exercise, feeding, toileting, body positioning, behavior management, dressing, position/re-position, range of motion, assist with prosthetic device, toileting, bed rail compliance, record sleep, safety checks every two (2) hours, and 2 two (2) staff assist with Hoyer lift transfers. R5's diagnosis included Alzheimer's disease, prediabetes, and radiculopathy (injury or damage to nerve roots in the area where they leave the spine.) of cervical region. R5's Service plan dated June 30, 2022, indicated R5 received the following services: record sleep, behavior management, prosthetic device assist, shower assist, two (2) staff transfer assist via Hoyer lift, dressing, grooming, bed position assist, position/ re-position, meal assist, med assist, and bed rail compliance. The staffing schedule dated, May 14, 2023,	0 470		

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0 470	Continued From page 5 through May 20, 2023, indicated a single ULP would be scheduled between the hours of 10:00 p.m. and 6:00 a.m. The float pool staffing schedule dated April 30, 2023, through May 16, 2023, showed the staff position was pulled seven of eighteen (7/18) opportunities to fill other staffing needs. On May 16, 2023, at 12:15 p.m., the LALD stated the facility had initiated a float position for an additional ULP to provide extra assistance to be shared withe 5 (five) assisted facility living facilities with dementia care (ALFDC) and one (1) provisional assisted living facility (PALF) under the same owner within a seven (7) mile distance. LALD-A also stated a RN was within a fifteen (15) minute drive from the facility. LALD-A explained when a ULP position could not be filled, the float position would be utilized to fill the scheduled ULP position and thereby eliminate the float position for that shift. The licensee's Staffing and Scheduling policy dated August 2021, indicated: The clinical nurse supervisor would approve and assist in developing and implementing a written staffing plan that provided an adequate number of qualified direct-care staff to meet the residents' needs 24-hours a day, seven-days a week. CNS works with the Scheduling Coordinator. The clinical nurse supervisor must ensure that staffing levels were adequate to address the following: -each resident's needs, as identified in the resident's service plan and assisted living contract -each resident's acuity level, as determined by	0 470		

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0 470	Continued From page 6 the most recent assessment or individualized review -the ability of staff to timely meet the residents' scheduled and reasonably foreseeable unscheduled needs given the -physical layout of the facility premises -whether the facility has a secured dementia care unit, and -staff experience, training, and competency. The undated and unsigned English Rose Job Description Addendum NOC Float/Lead, directed those in the position to: -round English Rose homes overnight, complete the assigned checklist of duties. -be available to other HHA's during the overnight for needed assistance with assigned tasks or care needs. -carry phone during working hours so HHA's can contact directly. -responsible for training new employees in their assigned home on the NOC shift as well as ongoing mentoring after to ensure learning has occurred. -provide coaching and mentoring as well as additional training to current HHA's to help them improve in their performance. -communicate through RTask (a user-friendly, web-based electronic health record solution for assisted living, group home, and adult day service locations) each shift, reporting operational observations and needs to the Home Managers and medical observations to Nurses. -fill in on the floor due to emergency or open shift or for training purposes. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	0 470		

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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: (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 according to the Minnesota Food Code. This had the potential to affect all residents. 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 additional documentation included in the Food and Beverage Establishment Inspection Reports, dated May 15, 2023. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The	0 810		

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0 810	Continued From page 8 plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a fire safety and evacuation plan with required elements, failed to provide required employee training on fire safety and evacuation, and failed to provide annual training to residents who can assist in their own	0 810		

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0 810	Continued From page 9 evacuation on the proper actions to take in the event of a fire or similar emergency. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and 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: An interview and record review were conducted on May 17, 2023, at approximately 1:00 p.m. with the Director of Maintenance (DM)-D on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility. Record review indicated that employees did not receive training twice per year after initial hire. During the interview, DM-D stated that the licensee provided annual training to employees, but not twice per year after the initial hire on the fire safety and evacuation plan, as required by statute. Record review of the available documentation indicated that the licensee did not provide annual training to residents who can assist in their own evacuation on the proper actions to take in the event of a fire or similar emergency. Provided documentation had no policies or records of documented resident training. During the interview, DM-D was unable to locate these procedures and verified that the plan lacked	0 810		

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0 810	Continued From page 10 these provisions. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy;	01370		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25762	A. BUILDING: _____ B. WING _____	05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ROSE SUITES	6201 LOCH MOOR DRIVE EDINA, MN 55439

(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
01370	Continued From page 11 (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure training and competency was completed for one of one unlicensed personnel (ULP-G) to include all required content. 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 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: ULP-G was hired on June 16, 2022, to provide direct care services to residents of the facility. On May 16, 2023, at 7:40 a.m., the evaluator observed ULP-G assist R1 with morning cares to include: incontinent care and toileting, dressing, application of T.E.D. hose (anti-embolism stockings applied to provide clinically-proven graduated pressure pattern) to lower extremities, provide a bed bath, hair care, and transfer using a Hoyer lift (medical devices that are used to transfer patients with limited mobility from one location to another).	01370		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25762	A. BUILDING: _____ B. WING _____	05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ROSE SUITES	6201 LOCH MOOR DRIVE EDINA, MN 55439

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01370	Continued From page 12 The licensee's undated Core Training Orientation Record indicated ULP-G lacked documentation of competency evaluations for appropriate and safe techniques in personal hygiene and grooming, including: -hair care and bathing; -care and use of hearing aids; -dressing and assisting with toileting On May 17, 2023, at 11:55 a.m., licensed assisted living director LALD-A said the training received by ULP-G's employee record did not contain documentation of the competencies listed above. LALD-A added ULP training covered all area. and the licensee's orientation and training checklist would now be updated to include return demonstration in all required areas. The English Rose Suites and Home Care Assisted Living License Resource Manual, Orientation and Training policy, dated August 2021, indicated when a registered nurse or licensed health professional staff of English Rose delegated tasks, prior to the delegation of services they must make certain the unlicensed personnel was trained in the proper methods to perform the tasks or procedures for each client and were able to demonstrate the ability to competently follow the procedures and perform the tasks to include but not limited : Appropriate and safe techniques in personal hygiene and grooming, including -hair care and bathing -care of teeth, gums, and oral prosthetic devices -care and use of hearing aids No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One	01370		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25762	A. BUILDING: _____ B. WING _____	05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ROSE SUITES	6201 LOCH MOOR DRIVE EDINA, MN 55439

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01370	Continued From page 13 (21) days	01370		

DEPARTMENT OF HEALTH

Type: Full
Date: *05/15/23*
Time: 11:00:00
Report: 1036231119

Food and Beverage Establishment Inspection Report

Location:
English Rose Suites
6201 Loch Moor Drive
Edina, MN55439
Hennepin County, 27

Establishment Info:
ID #: 0038525
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 9529830412
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.

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.12B

MN Rule 4626.0275B Store the food preparation and dispensing utensil in a food that is not TCS food with the handles above the top of the food within containers or equipment that can be closed such as bins of sugar, flour or cinnamon.

OBSERVED DISPENSING UTENSILS BURIED IN THE CONTAINERS OF FLOUR AND SUGAR. ISSUE CORRECTED ON SITE.

Comply By: 05/15/23

Surface and Equipment Sanitizers

Chlorine: = 100 PPM at Degrees Fahrenheit
Location: SANITIZER SPRAY BOTTLE
Violation Issued: No

Hot Water: = at >160 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/MILK
Temperature: 39 Degrees Fahrenheit - Location: KITCHEN FRIDGE
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 1 Degrees Fahrenheit - Location: KITCHEN FREEZER
Violation Issued: No

Type: Full
Date: *05/15/23*
Time: 11:00:00
Report: 1036231119
English Rose Suites

Food and Beverage Establishment Inspection Report

Process/Item: Cold Hold/CREAMER
Temperature: 40 Degrees Fahrenheit - Location: BASEMENT FRIDGE
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS MARY BRUESS. INSPECTION CONDUCTED IN PRESENCE OF JOLYNN ERICKSEN, THE KITCHEN MANAGER. ALL VIOLATIONS WERE DISCUSSED WITH KITCHEN MANAGER AND HRD EVALUATORS DURING INSPECTION.

DISCUSSED ALL ORDERS ON SITE IN ADDITION TO THE FOLLOWING WITH KITCHEN MANAGER:
- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- SANITIZER USE AND TEST KITS.
- HAND WASHING POLICY AND REVIEW.
- GLOVE USAGE.
- THERMOMETER USE AND CALIBRATION.
- DATE MARKING.
- PEST CONTROL.

THIS FACILITY DOES NOT HAVE COMMERCIAL GRADE ANSI EQUIPMENT. ALL FOOD MUST BE SERVED THE SAME DAY IT IS PREPARED, AND LEFTOVERS CAN NEVER BE SAVED.

FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

**IF ANY RESIDENTS COMPLAIN OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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 1036231119 of 05/15/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Inspection report reviewed with person in charge and emailed.

Signed:_____ Signed:_____

Establishment Representative Jeff Johanson