Electronically Delivered

February 8, 2023

Licensee
The Commons On Marice
1380 Marice Drive
Eagan, MN 55121

RE: Project Number(s) SL30751015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on January 13, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's

resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

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

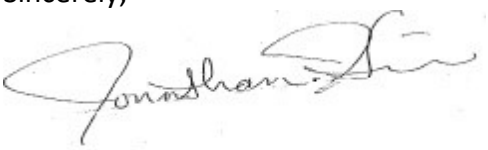
A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.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

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

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

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

Sincerely,



Jonathan Hill, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-3993 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30751	A. BUILDING: _____ B. WING _____	01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COMMONS ON MARICE	1380 MARICE DRIVE EAGAN, MN 55121

(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: SL30751015-0 On January 9 through January 13, 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 113 active residents; 82 receiving services under the Assisted Living with Dementia Care license.	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 License with Dementia Care licensed providers. 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 surveyors' 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 subd. 1, 2, and 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: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all residents of the assisted living 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 the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report, dated January 10, 2023, for the specific	0 480		

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0 480	Continued From page 2 Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnected smoke alarms. This deficient condition had the potential to affect all staff, residents, and visitors.	0 780		

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0 780	Continued From page 3 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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: On January 12, 2023, between 11:15 a.m. and 1:15 p.m., survey staff toured the facility with the licensed assisted living director (LALD)-B, director of maintenance (DM)-G, and the regional director of operations (RDO)-H. During the facility tour, survey staff observed that smoke alarms did not test as interconnected in 5 resident apartments so that actuation of one alarm caused all alarms in the dwelling unit to operate. This deficient condition was verified by DM-G accompanying on the facility tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.	0 800		

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0 800	Continued From page 4 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents. This deficient condition had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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). Findings include: On January 12, 2023, between 11:15 a.m. and 1:15 p.m., survey staff toured the facility with the licensed assisted living director (LALD)-B, director of maintenance (DM)-G, and the regional director of operations (RDO)-H. During the facility tour, survey staff observed a space heater in resident room 334 that was not listed or marked for safety standards. This deficient condition was verified by DM-G accompanying on the facility tour. TIME PERIOD FOR CORRECTION: Two (2) days	0 800		

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0 970	Continued From page 5	0 970		
0 970 SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents living at 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: R2 was admitted December 10, 2019, and began receiving assisted living services on August 1, 2021. R2 received services including assistance with safety checks, meals, medication management, toileting, bath/shower, activities of daily living (ADLs), and laundry. R3 was admitted December 21, 2022, and	0 970		

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0 970	Continued From page 6	0 970		

received services including assistance with safety checks, blood glucose monitoring, meals, medication management, toileting, bath/shower, ADLs, and laundry.

R4 was admitted March 7, 2019, and began receiving assisted living services on August 1, 2021. R4 received services including assistance with safety checks, meals, medication management, toileting, bath/shower, ADLs, and laundry.

R5 was admitted December 17, 2020, and began receiving assisted living services on August 1, 2021. R5 received services including assistance with safety checks, meals, and medication management.

R6 was admitted December 22, 2022, and received services including assistance with safety checks, meals, and blood glucose monitoring.

R7 was admitted November 12, 2020, and began receiving assisted living services on August 1, 2021. R7 received services including assistance with safety checks, meals, medication management, and blood glucose monitoring

R2, R3, R4, R5, R6, and R7's record included an assisted living contract, titled Residency Agreement, signed July 27, 2021, December 15, 2022, May 20, 2022, July 21, 2021, December 21, 2022, and August 1, 2021, respectively, included the following language on page 7, section 5.5 of the contract, indicating a waiver of liability:
"Resident shall indemnify, defend, and hold harmless Community, its officers, directors, shareholders, affiliates, employees and agents for (i) any loss, property damage, or cost of repair or

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0 970	Continued From page 7 service caused by the negligence or improper use by Resident, his/her agents, family or guests; (ii) any injury to persons or property of others caused by the negligent, reckless, or intentional act or omission of Resident or Resident's guests; and (iii) all court costs and reasonable attorneys' fees incurred by Community for enforcement of this Agreement. This indemnification includes costs for property damage to the Apartment, the remainder of the Community property, and property of third parties" On January 10, 2023, at 4:00 p.m., licensed assisted living director (LALD)-B stated the assisted living contracts came straight from licensee ' s legal department. LALD-B further stated the same contract was used for all residents. On January 11, 2023, at 12:15 p.m. LALD-B stated he thought their contract waiver language had previously been corrected for compliance with assisted living statutes. LALD-B further stated he would contact the licensee's legal department regarding further corrections to the waiver of liability language in the contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements:	02040		

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02040	Continued From page 8 (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to provide a hazard vulnerability assessment or safety risk assessment of the physical environment on and around the property for the facility. This deficient practice had the ability 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) 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). Findings include: On January 12, 2023, at approximately 1:15 p.m., records were provided for review. Records were reviewed by survey staff on January 12, 2023, between 1:15 p.m. and 1:55 p.m. Record review of the available documentation indicated that the licensee had not performed a safety risk or hazard vulnerability assessment with mitigation factors on and around the property for the physical environment. The hazard vulnerability tool provided had categories for	02040		

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02040	Continued From page 9 natural, technological, human, and hazardous materials. This tool did not include mitigation of safety risks or hazards listed. On January 12, 2023, at approximately 2:00 p.m., the licensed assisted living director (LALD)-B verified that the licensee had not completed a hazard vulnerability or safety risk assessment of the physical environment on and around the property for the facility. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		

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

Type: Full
Date: *01/10/23*
Time: 10:00:00
Report: 1005231006

Food and Beverage Establishment Inspection Report

Location:
The Commons On Marice
1380 Marice Drive
Eagan, MN55121
Dakota County, 19

Establishment Info:
ID #: 0038172
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6516889999
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.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ** Priority 1 **

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

MOST TCS FOODS IN THE PREP COOLER WERE AT 44 DEGREES F. ADJUST OR REPAIR UNIT.

Comply By: 01/10/23

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.

NO REGISTERING TEMPERATURE INDICATOR IS AVAILABLE FOR THE HIGH TEMPERATURE DISH MACHINE. PROVIDE DISPOSABLE TEMPERATURE STRIPS OR A MAXIMUM REGISTERING THERMOMETER.

Comply By: 01/17/23

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.

THE QUATERNARY AMMONIUM TEST STRIPS ON SITE WERE DISCOLORED AND MISSING THE COLOR COMPARISON CHART TO READ THE CONCENTRATION OF SANITIZER. PROVIDE NEW TEST STRIPS.

Comply By: 01/17/23

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

3-302.12

MN Rule 4626.0240 Properly label all working containers holding food or food ingredients that are removed from orginal packages with the common name of the food. Label the food in English and any other languages used by employees who handle food.

BINS OF FLOUR AND SUGAR WERE NOT LABELED.

Comply By: 01/10/23

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

THE PREP COOLER IS NOT KEEPING TCS FOODS AT OR BELOW 41 DEGREES F. ADJUST OR REPAIR COOLER.

Comply By: 01/10/23

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

NO SIGN IS POSTED AT THE HANDWASHING SINK IN THE MEMORY CARE KITCHENETTE. THE SINK NEXT TO THE DISH MACHINE MUST BE USED FOR A HANDWASHING SINK, AS IT IS THE ONLY ONE IN THE FOOD SERVICE AREA.

Comply By: 01/10/23

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200+PPM at Degrees Fahrenheit
Location: 3-COMP DISPENSER
Violation Issued: No

Quaternary Ammonia: = 150PPM at Degrees Fahrenheit
Location: WALL DISPENSER
Violation Issued: No

Quaternary Ammonia: = 150PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Utensil Surface Temp.: = at 172 Degrees Fahrenheit
Location: KITCHEN DISH MACHINE
Violation Issued: No

Utensil Surface Temp.: = at 163 Degrees Fahrenheit
Location: MEMORY CARE DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/TURKEY
Temperature: 44 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: Yes

Process/Item: Cold Hold/CHEESE
Temperature: 44 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: Yes

Process/Item: Cold Hold/HARD BOILED EGG
Temperature: 44 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: Yes

Process/Item: Cold Hold/HAMBURGER
Temperature: 41 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Hold/JELLO
Temperature: 37 Degrees Fahrenheit - Location: HOBART 2-DOOR REACH-IN
Violation Issued: No

Process/Item: Cold Hold/LETTUCE
Temperature: 41 Degrees Fahrenheit - Location: SERVICE LINE COLD WELLS
Violation Issued: No

Process/Item: Cold Hold/AMBIENT
Temperature: 37 Degrees Fahrenheit - Location: HOSHIZAKI UNDER COUNTER COOLER
Violation Issued: No

Process/Item: Cold Hold/LETTUCE
Temperature: 40 Degrees Fahrenheit - Location: DELFIELD UNDER COUNTER COOLER
Violation Issued: No

Process/Item: Cold Hold/SOUP
Temperature: 39 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/PORK
Temperature: 39 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/POTATOES
Temperature: 38 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/HARD BOILED EGG
Temperature: 39 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/CHEESE
Temperature: 39 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Type: Full
Date: *01/10/23*
Time: 10:00:00
Report: 1005231006
The Commons On Marice

Food and Beverage Establishment Inspection Report

Process/Item: Cold Hold/AMBIENT
Temperature: 41 Degrees Fahrenheit - Location: MEMORY CARE UNDER COUNTER COOLER
Violation Issued: No

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

INSPECTION COMPLETED WITH CULINARY DIRECTOR AND REVIEWED WITH HRD NURSE EVALUATOR RENEE ANDERSON.

DISCUSSED ALL ORDERS ON REPORT, AS WELL AS COOLING, DATE MARKING, AND EMPLOYEE ILLNESS.

THE CHEF SAID HE HAD NOTICED THIS MORNING THAT THE PREP COOLER WAS WARM AND TURNED DOWN THE TEMPERATURE. STAFF WILL MONITOR TEMPERATURES AND HAVE COOLER SERVICED IF IT DOES NOT COME DOWN TO 41dF OR BELOW.

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

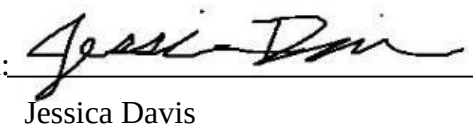
I acknowledge receipt of the Minnesota Department of Health inspection report number 1005231006 of 01/10/23.

Certified Food Protection Manager: MARGARET L. TEMPLE

Certification Number: FM57268 Expires: 02/09/23

Inspection report reviewed with person in charge and emailed.

Signed: _____
MARGE TEMPLE
CULINARY DIRECTOR

Signed: 
Jessica Davis
Public Health Sanitarian III
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