Electronically Delivered

March 15, 2023

Licensee
Carefree Cottages Of Maplewood LLC
1801 Gervais Avenue
Little Canada, MN 55109

RE: Project Number(s) SL31221015

Dear Licensee:

On February 14, 2023, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine correction of orders found on the evaluation completed on December 8, 2022. This follow-up evaluation determined your facility had not corrected all of the state licensing orders issued pursuant to the December 8, 2022 evaluation.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on December 8, 2022, found not corrected at the time of the February 14, 2023, follow-up evaluation and/or subject to penalty assessment are as follows:

0770-Minimum Site Requirements-144g.45 Subdivision 1 - $500.00

The details of the violations noted at the time of this follow-up evaluation completed on February 14, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order by the correction order date. The commissioner may request a copy of this documentation and the assisted living facility's action to respond to the correction orders in future evaluations, upon a complaint investigation, and as otherwise needed.

IMPOSITION OF FINES:

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.

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 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 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. 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.

We urge you to review these orders carefully. If you have questions, please contact Jonathan Hill at 651-201-3993.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

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: 651-281-9796

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31221	A. BUILDING: _____ B. WING _____	R 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREFREE COTT OF MPLD CHATEAU	1801 GERVAIS AVENUE LITTLE CANADA, MN 55109

(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 a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. SL31221015-1 On February 13, 2023, and February 14, 2023, surveyors with the Minnesota Department of Health conducted a follow-up survey to verify correction of orders issued at the time of the licensing survey on December 6, 2022, through December 8, 2022. As a result of the follow-up survey, the following correction order is issued.	{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 Home Care 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 144A.474 SUBDIVISION 11 (b)(1)(2)	
{0 480}	144G.41 Subd 1 (13) (i) (B) Minimum requirements	{0 480}		

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{0 480}	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: No further action required.	{0 480}		
{0 510} SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: No further action required.	{0 510}		
{0 580} SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes	{0 580}		

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{0 580}	Continued From page 2 in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: No further action required.	{0 580}		
{0 770} SS=F	144G.45 Subdivision 1 Minimum site Requirements The following are required for all assisted living facilities: (1) public utilities must be available, and working or inspected and approved water and septic systems must be in place; (2) the location must be publicly accessible to fire department services and emergency medical services; (3) the location's topography must provide sufficient natural drainage and is not subject to flooding; (4) all-weather roads and walks must be provided within the lot lines to the primary entrance and the service entrance, including employees' and visitors' parking at the site; and (5) the location must include space for outdoor activities for residents. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide all-weather walks. This deficient condition had the potential to affect all staff, residents, and visitors.	{0 770}		

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{0 770}	Continued From page 3 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On February 14, 2023, between 10:50 a.m. and 11:45 a.m., survey staff toured the facility with the owner (O)-G and the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed two doors that had exit signs posted over them in the dining room, but the snow had not been cleared for paths, creating an obstruction of the path of egress. All paths of egress must be maintained and clear of obstructions to allow residents, staff, and visitors to exit the building in a safe and efficient manner in the event of an emergency. These deficient conditions were verified by O-G and LALD-A accompanying on the facility tour.	{0 770}		
{0 950} SS=D	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE	{0 950}		

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{0 950}	Continued From page 4 FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: No further action required.	{0 950}		
{01760} SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not	{01760}		

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{01760}	Continued From page 5 completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: No further action required.	{01760}		

DEPARTMENT OF HEALTH

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

Type: Follow-Up
Date: *02/13/23*
Time: 12:45:00
Report: 1031231026

Food and Beverage Establishment Inspection Report

Location:
Carefree Cott Of Mpld Chateau
1801 Gervais Avenue
Maplewood, MN55109
Ramsey County, 62

Establishment Info:
ID #: 0039303
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6517707687
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.

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: Cold Hold/Turkey
Temperature: 38 Degrees Fahrenheit - Location: Prep Table (top)
Violation Issued: No

Process/Item: Cold Hold/Roast Beef
Temperature: 38 Degrees Fahrenheit - Location: Prep Table (top)
Violation Issued: No

Process/Item: Cold Hold/Mayo
Temperature: 36 Degrees Fahrenheit - Location: Prep Table (bottom)
Violation Issued: No

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

Food and Beverage Establishment Inspection Report

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 1031231026 of 02/13/23.

Certified Food Protection Manager Elizabeth Charbonneau

Certification Number: FM16649 Expires: 11/02/23

Inspection report reviewed with person in charge and emailed.

Signed: _____
Liz Charbonneau
Kitchen Manager

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

Electronically Delivered

December 29, 2022

Licensee
Carefree Cottages Of Maplewood Chateau
1801 Gervais Avenue
Little Canada, MN 55109

RE: Project Number(s) SL31221015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on December 8, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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
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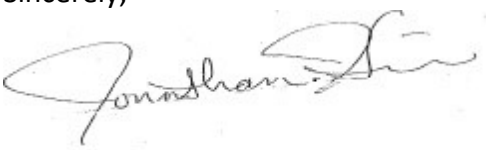
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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

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0 000	Initial Comments 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: SL31221015 On, December 6, 2022 through December 8, 2022, 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 71 residents, all of whom received services under the provider's Assisted Living 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 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 pursuant to 144G.31 Subd. 1, 2 and 3.	
0 480	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 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 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 , December 6, 2022, for the specific Minnesota Food Code requirements. TIME PERIOD FOR CORRECTION: Twenty-one	0 480		

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0 480	Continued From page 2 (21) days	0 480		
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control for one of four residents (R4). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: INFECTION CONTROL	0 510		

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0 510	Continued From page 3 R4's diagnosis included Clostridium Difficile (a type of bacteria that can cause inflammation of the colon). R4's service plan dated September 6, 2022, indicated R4 received services including: medication administration, toileting, and transfer assistance. On December 7, 2022, at 8:20 a.m., unlicensed personnel (ULP)-E was observed donning gloves and assisting R4, to the bathroom and onto the toilet. ULP-E then left the bathroom to set up medications. Without removing her gloves, ULP-E removed R4's medications from a bubble pack and placed the pills into a medication cup. ULP-E then returned to the bathroom and removed R4's wet brief and threw it into the garbage. ULP-E placed a new brief, assisted R4 with dressing, and escorted R4 to a recliner. Without removing her gloves or washing her hands, ULP-E handed R4 her morning medication cup and a glass of water. ULP-E removed her gloves and, without washing her hands, left the apartment. On December 8, 2022 at 9:15 a.m. licensed assisted living director (LALD)-A and registered nurse (RN)-B verified ULP-E should have removed her gloves and washed her hands following each task provided to the resident. LALD-A verified staff are trained in infection control procedures. The licensee's Infection Control policy, dated August 1, 2022, verified "handwashing will be performed by all employees, as necessary, between tasks and procedures, and after bathroom use, to prevent cross-contaminations."	0 510		

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	31221	A. BUILDING: _____ B. WING _____	12/08/2022

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0 510	Continued From page 4 No further information provided TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 510		
0 580 SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and maintain a quality management program appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all current 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, 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	0 580		

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0 580	Continued From page 5 has affected or has the potential to affect a large portion or all of the residents). The findings include: On December 6, 2022, at 10:00 a.m. during the entrance conference, a request was made to review documentation of the licensee's quality management activities. Licensed assisted living director (LALD)-A provided meeting notes of discussions with staff on licensee concerns or improvements, and also stated the management team meets weekly to discuss issues and concerns related to the facility. LALD-A stated the licensee had not developed a quality management program. The licensee's Quality Management Project policy dated August 1, 2021, verified the licensee "will have at least one documented quality management project in place at all times and retain records of such projects for at least two years." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 580		
0 770 SS=F	144G.45 Subdivision 1 Minimum site Requirements The following are required for all assisted living facilities: (1) public utilities must be available, and working or inspected and approved water and septic systems must be in place; (2) the location must be publicly accessible to fire department services and emergency medical	0 770		

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0 770	Continued From page 6 services; (3) the location's topography must provide sufficient natural drainage and is not subject to flooding; (4) all-weather roads and walks must be provided within the lot lines to the primary entrance and the service entrance, including employees' and visitors' parking at the site; and (5) the location must include space for outdoor activities for residents. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide all-weather walks within the lot lines to the primary entrance. 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 December 8, 2022, between 10:50 a.m. and 2:00 p.m., survey staff toured the facility with the owner (O)-G and the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed the following: 1. All-weather walks were not maintained within the lot lines to the primary entrance and found covered with snow outside 4 marked exits. 2. Ice accumulation was observed on a sidewalk creating a potential safety risk for residents.	0 770		

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0 770	Continued From page 7 These deficient conditions were verified by O-G and LALD-A accompanying on the facility tour. TIME PERIOD FOR CORRECTION: Two (2) days	0 770		
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 smoke alarms in all sleeping	0 780		

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0 780	Continued From page 8 rooms and failed to provide smoke alarms that were interconnected so that actuation of one alarm caused all alarms in the dwelling unit to actuate. 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, 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 December 8, 2022, between 10:50 a.m. and 2:00 p.m., survey staff toured the facility with the owner (O)-G and the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed the following: 1. The smoke alarm was missing from the bracket on the ceiling in the sleeping room of unit 3W. This room was vacant at the time of survey. 2. Smoke alarms did not test as interconnected in 7 resident apartments so that actuation of one alarm caused all alarms in the dwelling unit to operate. These deficient conditions were visually verified by O-G and LALD-A accompanying on the facility tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		

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0 790	Continued From page 9	0 790		
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to install and maintain the portable fire extinguishers. 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 December 8, 2022, between 10:50 a.m. and 2:00 p.m., survey staff toured the facility with the owner (O)-G and the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed the following: 1. There was a portable fire extinguisher with a	0 790		

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0 790	Continued From page 10 service tag dated 2019 in the kitchen dry storage room. 2. Portable fire extinguishers were stored on the floor in the elevator and sprinkler rooms. These deficient conditions were visually verified by O-G and LALD-A accompanying on the facility tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790		
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. 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	0 800		

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0 800	Continued From page 11 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 December 8, 2022, between 10:50 a.m. and 2:00 p.m., survey staff toured the facility with the owner (O)-G and the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed the following: 1. The inspection tag for the sprinkler system was dated 08-09-2021. The O-G confirmed during the facility tour interview that the sprinkler system required an annual inspection. 2. Burnt used cigarettes were observed being disposed of on top of a fire extinguisher cabinet in the garage instead of in an appropriate disposal container. 3. The glass panel was broken on a fire extinguisher cabinet in the garage. Broken glass was observed on the garage floor in an area used for storage. Broken glass creates a potential safety risk to residents. 4. The date of manufacture could not be found on the smoke alarm in resident apartment 130. The O-G stated that they did not know the age of this smoke alarm during the facility tour interview. 5. The smoke alarm in the hall did not sound when tested by O-G in resident apartment 146. O-G stated that they thought the battery was low. 6. A bedroom smoke alarm was hanging loose from the bracket in resident apartment 313. This smoke alarm did not work when tested by O-G. 7. In a second floor storage room, a light fixture was hanging loose from the ceiling. 8. The ceiling surface was peeling above the shower in the bathroom of resident apartment 202. 9. In the assisted living office, a microwave was	0 800		

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0 800	Continued From page 12 plugged into a power strip. These deficient conditions were visually verified by O-G and LALD-A accompanying on the facility tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
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 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	0 810		

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0 810	Continued From page 13 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 record review and interview, the licensee failed to develop a fire safety and evacuation plan with the required elements; failed to provide required employee training on the fire safety and evacuation plans; failed to provide training on fire safety and evacuation to residents capable of self-evacuation; and failed to complete required employee evacuation drills. 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 December 8, 2022, at approximately 2:00 p.m., records were provided for review. Records were reviewed by survey staff on December 8, 2022, between 2:00 p.m. and 2:30 p.m. 1. Record review of the fire safety and evacuation plans indicated that provisions for fire protection procedures necessary for residents or procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual	0 810		

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0 810	Continued From page 14 resident needs for movement or evacuation were not included. 2. Record review of available documentation indicated that the licensee did not provide employee training on the fire safety and evacuation plans upon hire and at least twice per year thereafter. No training logs or schedules were included. Documentation was requested by survey staff but not provided to support that the required employee training frequency had been met. 3. 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 to include movement, evacuation, or relocation as required by statute. Documentation was requested but not provided to support that annual resident training had been completed. 4. Record review of evacuation drills indicated that evacuation drills for employees had not been performed during the months of January, February, and March of 2022. The evacuation drill frequency requirement of every other month was not met. These deficient conditions were verified by O-G and LALD-A during an interview on December 8, 2022 at approximately 3:00 p.m. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 950 SS=D	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an	0 950		

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0 950	Continued From page 15 assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document on the assisted living contract that a resident named or declined to name a designated representative for one of five residents (R3) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 950		

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0 950	Continued From page 16 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: The licensee's assisted living contract contains required language that offers the resident opportunity to name a designated representative. In the contract is space to write and list the designated contact chosen; and also included is a box for the resident to initial if the resident chooses not to name a representative. R3's admission agreement paperwork included the "Right to Designate a Representative for Certain Purposes" form, with the required language. R3's "Resident Agreement, Assisted Living with Dementia Care," (the assisted living contract) dated and signed by the resident on June 15, 2021, did not list a designated representative, and the box to initial, if resident declined to name a designated representative, was left blank. On December 8, 2022, at 9:15 a.m., licensed assisted living director (LALD)-A stated all clients were provided the addendum to the contract with the required language. The addendum included an area for the resident to designate a representative. LALD-A verified that as designated representative was not listed nor was the box checked to decline a representative for R3. The licensee provided a document related to the	0 950		

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0 950	Continued From page 17 licensee contract content. Line item Attachment F: states "Right to Designate a Representative for Certain Purposes," but no further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of five residents (R4) was administered medications per physician orders. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31221	A. BUILDING: _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREFREE COTT OF MPLD CHATEAU	1801 GERVAIS AVENUE LITTLE CANADA, MN 55109

(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
01760	Continued From page 18	01760		

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:

On December 7, 2022, at 8:20 a.m., unlicensed personnel (ULP)-E was observed taking medications from bubblepack cards. The medication record included the medication Lorsartan (antihypertensive) which instructed to hold the medication for a blood pressure less than 130/60. ULP-E provided the medications to R4 without obtaining a blood pressure reading.

On December 7, 2022, at 8:30 a.m., ULP-E was queried about obtaining a blood pressure prior to administering the blood pressure medication. ULP-E stated she would obtain a blood pressure if the client requested a blood pressure be taken.

On December 8, 2022, at 9:15 a.m., licensed assisted living director (LALD)-A and registered nurse (RN)-B stated ULP-E should have followed the instructions on the medication record to obtain a blood pressure prior to administering the blood pressure medication.

The licensee's Medication Error policy, dated August 1, 2021, indicated "staff will be counseled about medication error and will be provided retraining which will be determined if needed by the nurse."

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-One (21) days

DEPARTMENT OF HEALTH

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

Type: Full
Date: *12/06/22*
Time: 11:00:00
Report: 1031221228

Food and Beverage Establishment Inspection Report

Location:
Carefree Cott Of Mpld Chateau
1801 Gervais Avenue
Maplewood, MN55109
Ramsey County, 62

Establishment Info:
ID #: 0039303
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6517707687
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.
CONTAINERS OF BUTTER FOUND ON COUNTER MEASURED 83F. BUTTER HAS BEEN OUT FOR OVER 24HRS. HAM AND TURKEY FOUND IN PREP TABLE (TOP) MEASURED 44F. MEATS HAVE BEEN IN COOLER FOR OVER 24HRS. **ITEMS DISCARDED** MONITOR TEMPERATURES.
Comply By: 12/06/22

4-300 Equipment Numbers and Capacities
4-302.14 ***** Priority 2 *****
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
ESTABLISHMENT DOES NOT HAVE VEG WASH TESTING KIT ON SITE. PROVIDE AND USE TEST KIT TO CHECK VEG WASH CONCENTRATION.
Comply By: 12/10/22

4-600 Cleaning Equipment and Utensils
4-601.11A ***** Priority 2 *****
MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.
2 KNIVES ON BOH KNIFE MAGNET HANGER FOUND WITH FOOD BUILDUP. KNIVES SENT TO DISH AREA. CLEAN AND MAINTAIN CLEAN ALL FOOD CONTACT SURFACES.
Comply By: 12/06/22

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.

BROWN RESIDUE AND DEBRIS STRAINER FOUND IN HANDSINK. MOVE STRAINER FROM HANDWASH SINK TO DUMP SINK. KEEP DUMP SINK NEXT TO HANDWASH SINK CLEAR FOR DUMPING.

Comply By: 12/07/22

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.

BINS OF SUGAR AND FLOUR FOUND WITH THE HANDLES OF SCOOPS RESTING IN PRODUCT. STORE AS DESCRIBED ABOVE.

Comply By: 12/07/22

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

3-307.11

MN Rule 4626.0337 Protect food from miscellaneous sources of contamination.

FLYSWATTER FOUND IN KITCHEN. REMOVE FLYSWATTER FORM KITCHEN.

Comply By: 12/06/22

4-100 Equipment Construction Materials

4-101.11BCDE

MN Rule 4626.0450BCDE Remove all multi-use equipment, utensils, and food storage containers that are not durable, corrosion-resistant, nonabsorbent, smooth, easily cleanable, resistant to pitting, chipping, scratching or not able to withstand repeated warewashing.

3 SPATULAS WITH PLASTIC DETATCHING FROM FOOD CONTACT SURFACE FOUND IN UTENSIL DRAWER. ***SPATULAS DISCARDED*** REMOVE FROM SERVICE ALL DAMAGED UTENSILS THAT ARE UNCLEANABLE OR MAY CAUSE PHYSICAL CONTAMINATION.

Comply By: 12/06/22

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.

PREP COOLER (TOP) NOT KEEPING FOODS AT 41F OR BELOW. ADJUST TEMPERATURE OR REPAIR COOLER TO CORRECT ISSUE.

Comply By: 12/06/22

4-600 Cleaning Equipment and Utensils

4-602.12

MN Rule 4626.0850 Clean the food contact surfaces of cooking and baking equipment and interior cavities of microwave ovens at least every 24 hours.

INTERIOR OF MICROWAVE HAS SPLATTERS OF FOOD DEBRIS. CLEAN AND MAINTAIN CLEAN.

Comply By: 12/08/22

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: Sanitizer Bucket (FOH)
Violation Issued: No

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: Sanitizer Bucket (BOH)
Violation Issued: No

Hot Water: = at 162 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: Sanitizer Dispenser
Violation Issued: No

Ambient Air Temp: = at 38 Degrees Fahrenheit
Location: Norlake Cooler (FOH)
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Hold/Veggies
Temperature: 180 Degrees Fahrenheit - Location: Steam Table
Violation Issued: No

Process/Item: Hot Hold/Potatoes
Temperature: 183 Degrees Fahrenheit - Location: Steam Table
Violation Issued: No

Process/Item: Hot Hold/Corned Beef
Temperature: 168 Degrees Fahrenheit - Location: Steam Table
Violation Issued: No

Process/Item: Cold Hold/Turkey
Temperature: 44 Degrees Fahrenheit - Location: Prep Table (top)
Violation Issued: No

Process/Item: Cold Hold/Ham
Temperature: 44 Degrees Fahrenheit - Location: Prep Table (top)
Violation Issued: No

Process/Item: Cold Hold/Dressing
Temperature: 38 Degrees Fahrenheit - Location: PRep Table (bottom)
Violation Issued: No

Process/Item: Cold Hold/Butter
Temperature: 83 Degrees Fahrenheit - Location: Counter (4 containers)
Violation Issued: No

Process/Item: Cold Hold/Milk
Temperature: 37 Degrees Fahrenheit - Location: Ture Cooler (cook line)
Violation Issued: No

Process/Item: Cold Hold/Melon
Temperature: 39 Degrees Fahrenheit - Location: True Cooler (BOH)
Violation Issued: No

Process/Item: Cold Hold/Tomatoes; Sliced
Temperature: 40 Degrees Fahrenheit - Location: True Cooler (BOH)
Violation Issued: No

Process/Item: Cold Hold/Sausage
Temperature: 40 Degrees Fahrenheit - Location: Ture Cooler (FOH)
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	1	3	5

Inspection conducted by Chris F, in the presence of Fuad A.

All violations discussed with Bethany during the inspection.

NOTES:

- Have staff/ maintenance peel plastic off Superior 2-Door cooler in back of house.

- Use thermometer to check prep table top temperatures.

- Calibrate thermometer(s) monthly.

Food and Beverage Establishment Inspection Report

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 1031221228 of 12/06/22.

Certified Food Protection Manager Bethany A Johnson

Certification Number: FM800003 Expires: 08/13/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

Bethany Johnson
Person in Charge

Signed: _____

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

Report #: 1031221228

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Environmental Health
Food, Pools, and Lodging
625 Robert St. N
St. Paul

No. of RF/PHI Categories Out	3	Date	12/06/22
No. of Repeat RF/PHI Categories Out	0	Time In	11:00:00
Legal Authority MN Rules Chapter 4626		Time Out	

	Address	City/State	Zip Code	Telephone
Carefree Cott Of Mpld Chateau	1801 Gervais Avenue	Maplewood, MN	55109	6517707687

License/Permit #	Permit Holder	Purpose of Inspection	Est Type	Risk Category
0039303		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN OUT	PIC knowledgeable; duties & oversight		
2	IN OUT N/A	Certified food protection manager, duties		
	Employee Health			
3	IN OUT	Mgmt/Staff;knowledge,responsibilities&reporting		
4	IN OUT	Proper use of reporting, restriction & exclusion		
5	IN OUT	Procedures for responding to vomiting & diarrheal events		
	Good Hygenic Practices			
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
7	IN OUT N/O	No discharge from eyes, nose, & mouth		
	Preventing Contamination by Hands			
8	IN OUT N/O	Hands clean & properly washed		
9	IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10	IN OUT	Adequate handwashing sinks supplied/accessible		
	Approved Source			
11	IN OUT	Food obtained from approved source		
12	IN OUT N/A N/O	Food received at proper temperature		
13	IN OUT	Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O	Required records available; shellstock tags, parasite destruction		
	Protection from Contamination			
15	IN OUT N/A N/O	Food separated and protected		
16	IN OUT N/A	Food contact surfaces: cleaned & sanitized		
17	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	IN OUT N/A N/O	Proper cooking time & temperature		
19	IN OUT N/A N/O	Proper reheating procedures for hot holding		
20	IN OUT N/A N/O	Proper cooling time & temperature		
21	IN OUT N/A N/O	Proper hot holding temperatures		
22	IN OUT N/A	Proper cold holding temperatures		
23	IN OUT N/A N/O	Proper date marking & disposition		
24	IN OUT N/A N/O	Time as a public health control: procedures & records		
	Consumer Advisory			
25	IN OUT N/A	Consumer advisory provided for raw/undercooked food		
	Highly Susceptible Populations			
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
	Food and Color Additives and Toxic Substances			
27	IN OUT N/A	Food additives: approved & properly used		
28	IN OUT	Toxic substances properly identified, stored, & used		
	Conformance with Approved Procedures			
29	IN OUT N/A	Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R — **COS=** corrected on-site during inspection **R=** repeat violation

			COS	R
		Safe Food and Water		
30		IN OUT N/A Pasteurized eggs used where required		
31		Water & ice obtained from an approved source		
32		IN OUT N/A Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34		IN OUT N/A N/O Plant food properly cooked for hot holding		
35		IN OUT N/A N/O Approved thawing methods used		
36		Thermometers provided & accurate		
		Food Identification		
37		Food properly labled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present		
39	X	Contamination prevented during food prep, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
		Proper Use of Utensils		
43	X	In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single service articles: properly stored & used		
46		Gloves used properly		
		Utensil Equipment and Vending		
47	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) **Date:** 12/06/22

Inspector (Signature)