Electronically Delivered

October 14, 2025

Licensee
Oak Meadows Senior Living
8131 4th Street North
Oakdale, MN 55128

RE: Project Number(s) SL20462016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 10, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

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

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating

factor.

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20462	A. BUILDING: _____ B. WING _____	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK MEADOWS SENIOR LIVING	8131 4TH STREET NORTH OAKDALE, MN 55128

(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: SL20462016-0 On September 8, 2025, through September 10, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 118 residents; 49 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A,	0 480		

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 9, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee	0 480		

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0 480	Continued From page 3 within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the current State Fire Code in Minnesota Rules, chapter 7511. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On September 9, 2025, from 12:30 p.m. to 4:00 p.m., the surveyor toured the facility with environmental services director (ESD)-H. During the tour, the surveyor observed: FIRE DOORS: Third floor (Pines wing) facility laundry room fire doors did not close and latch automatically. Fire doors are required to close and latch to reduce	0 775		

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0 775	Continued From page 4 the spread of fire and smoke. CARBON MONOXIDE ALARM Facility has a hard-wired carbon monoxide alarm mounted to the ceilings in the third-floor mechanical room. ESD-H didn't know if the alarm was connected to the fire alarm as required per code. Alarm was also over 10 years old and needs to be replaced. Mechanical rooms that have fuel fired appliances will be equipped with a carbon monoxide detector connected to the fire alarm panel or each resident living area will have a carbon monoxide alarm in accordance with MN State fire code. During a facility tour on September 9, 2025, at 3:00 p.m., ESD-H, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Two (2) days	0 775		
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	0 800		

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0 800	Continued From page 5 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). On September 9, 2025, from 12:30 p.m. to 4:00 p.m., the surveyor toured the facility with environmental services director (ESD)-H. The following was observed. WALLS: On the 2nd and 3rd floor elevator lobbies, the facility had work done in June to replace the motors of their fire drop down doors to meet drop time requirements. The new motors were installed but drywall around the new (larger) motor was not complete to enclose the area. These openings would allow heat and smoke to get into the walls and potentially spread the fire. On September 9, 2025, at 3:30 p.m., ESD-H, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		

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01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store prescription medication securely and permit only authorized personnel to have access for one of two medication carts in the secure care area of 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, 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: On September 9, 2025, from 8:16 a.m., to 8:30 a.m., surveyor observed one medication cart, labeled medication cart number two, located in the hallway of the secure care area of the facility, unlocked and unattended, with push lock unsecured. One resident was observed walking by the medication cart to the dining room while the medication cart was in the unlocked position. On September 9, 2025, at 8:30 a.m., surveyor observed unlicensed personnel (ULP)-G	01880		

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01880	Continued From page 7 transport a resident past the unlocked medication cart in a Broda wheelchair to the dining room. When asked, ULP-G stated he was responsible for the medication cart (number two) this morning, and had not locked the medication cart after he last completed medication administration. ULP-G stated he was trained to lock the medication cart anytime it was not in direct use. On September 9, 2025, at 8:36 a.m., clinical nurse supervisor (CNS)-B stated, the care staff were all trained to lock the medication cart anytime it was not being directly monitored. The licensee's Storage of Medication and Key Security policy, revised April 19, 2023, indicated, "Secured Storage of medications is defined as medications stored in a locked cabinet/box or refrigerator the client's apartment. All medications administered by staff will generally be kept in the secured storage area." Also, included, "1. Proper Storage of Medications, g. In the client's individualized medication management plan, the nurse may identify the need for secured storage of the medications within the client's private living space or in a central storage area because of the client's cognitive status, concerns about medication diversion or other concerns. When secured storage of the medications is necessary, the nurse will identify where the medications will be stored, how they will be secured or locked under proper temperature controls and who has access to the medications." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01880		

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01880	Continued From page 8 days	01880		
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure that oxygen cylinders were properly stored for one of two residents utilizing oxygen (R5). 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: R5's service plan dated August 20, 2025, indicated R5 received services including assisstance with housekeeping, meals, laundry, bathing, dressing, oxygen administration, and medication management. In addition, a miscellaneous no charge service noted in R5's service agreement, with an effective date of August 7, 2025, indicated to "increase supplemental O2 [oxygen] to 4 L [liters] at	02310		

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02310	Continued From page 9 bedtime and switch from nasal cannula to mask. In the am switch resident back to nasal cannula and lower flow to 3L every day at 8:15 a.m., and 8:15 p.m., and unlicensed staff to provide service as outlined in the service instructions. On September 10, 2025, at 8:53 a.m., the surveyor observed R5's apartment with clinical nurse supervisor (CNS)-B and corporate director of clinical operations (CDCO)-K. The surveyor observed two unsecured upright oxygen cylinders located in one of R5's bedrooms. CNS-B stated the staff did assist R5 with her oxygen as needed. On September 10, 2025, at 9:00 a.m., CNS-B stated she was aware the oxygen cylinders should be secured in a rack to prevent them from tipping over. CNS-B verbalized she planned to follow up with the oxygen company to ensure the oxygen cylinders were securely stored as required. The licensee's Safe Oxygen Use and Storage policy, dated August 1, 2021, indicated, "2. b. Containers must be secured in a stand or cart so they cannot be knocked over while in use or in storage and must not be located in areas where they may be overturned due to a door opening or where they are in a pathway." The Minnesota Department of Health Oxygen Cylinder Storage Requirements, dated April 16, 2020, indicated, "cylinders must be secured (chains or racks) to prevent them from falling over." No further information was provided	02310		

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02310	Continued From page 10 TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Oak Meadows
8131 4th Street North
Oakdale,
Parcel:

Phone:

License Info

License: HFID 20462

Risk:
License:
Expires on:
CFPM: JAN WATERHOUSE
CFPM #: 20806; Exp: 4/15/2027

Inspection Info

Report Number: F1023251129
Inspection Type: Full - Single
Date: 9/9/2025 Time: 10:41:21 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 4
Delivery:

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.14B *Priority Level: Priority 3 CFP#: 41*
MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.
COMMENT: SANI BUCKET WITH WIPING CLOTH DID NOT HAVE ANY SANITIZER.
Comply By: 9/9/2025 Originally Issued On: 9/9/2025

! **New Order: 3-500A Microbial Control: cooling**
3-501.14A *Priority Level: Priority 1 CFP#: 20*
MN Rule 4626.0385A Cool cooked TCS food: 1. within 2 hours from 135 degrees F (57 degrees C) to 70 degrees F (21 degrees C); and 2. within a total of 6 hours from 135 degrees F (57 degrees C) to 41 degrees F (5 degrees C) or less.
COMMENT: SOUP COOLED IN WALK IN COOLER OVERNIGHT (MORE THAN 8 HOURS) STILL AT 50dF. INSTRUCTED OPERATOR TO DISCARD IMPROPERLY COOLED FOODS AND DEVELOP NEW METHOD OF COOLING FOOD QUICKLY TO MEET CRITICAL SAFETY TIME/TEMPERATURES.
Comply By: 9/9/2025 Originally Issued On: 9/9/2025

New Order: 3-500A Microbial Control: cooling
3-501.15A *Priority Level: Priority 2 CFP#: 33*
MN Rule 4626.0390A Cool food by: 1) placing the food in shallow pans; 2) separating the food into smaller portions 3) using rapid cooling equipment; 4) stirring the food in a container placed in an ice water bath; 5) using containers that facilitate heat transfer; 6) adding ice as an ingredient; or other effective methods.
COMMENT: OPERATOR COOLING SOUP IN 5 GALLON SEALED PLASTIC CONTAINER.
Comply By: 9/9/2025 Originally Issued On: 9/9/2025

New Order: 5-200A Plumbing: approved materials/design
5-201.11B *Priority Level: Priority 3 CFP#: 51*
MN Rule 4626.1040B Maintain the plumbing system in good repair.
COMMENT: KITCHEN HAND SINK IN BACK KITCHEN AREA NOT DRAINING WATER PROPERLY.
Comply By: 9/9/2025 Originally Issued On: 9/9/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.14A *Priority Level: Priority 3 CFP#: 10*
MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: NO HAND WASHING REMINDER SIGN AT HAND WASHING SINK OF MEMORY CARE UNIT. DESIGNATE HAND WASHING BASIN AND POST SIGN.
Comply By: 9/9/2025 Originally Issued On: 9/9/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.11 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1515 Maintain the physical facilities in good repair.
COMMENT: MISSING COVE TILE IN KITCHEN PREP AREA.
Comply By: 9/9/2025 Originally Issued On: 9/9/2025

Food & Beverage General Comment

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. INSPECTION CONDUCTED IN PRESENCE OF THE PERSON IN CHARGE.

THIS FACILITY CONSISTS OF A FULL SERVICE MAIN KITCHEN AREA WITH COOK LINE UNDER TYPE I HOOD/FIRE SUPPRESSION, PREP SINK, 3 COMP SINK, DISH MACHINE, BASEMENT WALK IN COOLER, AS WELL AS A FOOD SERVICE AREA IN MEMORY CARE AND CONVENIENCE SHOP WITH PREPACKAGED ITEMS . FOOD SERVICE IS PROVIDED BY FACILITY STAFF.

THESE TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- FOOD COOLING METHODS
- VOMIT CLEAN UP PROCEDURE
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- PASTEURIZED SHELL EGGS

*INSPECTOR RECOMMENDS REMOVING UNUSED EQUIPMENT FROM SERVICE AREAS.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1023251129 from 9/9/2025

MATTHEW GORDON
PERSON IN CHARGE

Gregory T Nelson

Greg Nelson,
Public Health Sanitarian 3
651-201-4259
greg.nelson@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

Oak Meadows
Oakdale
County/Group:

Inspection Info

Report Number: F1023251129
Inspection Type: Full
Date: 9/9/2025
Time: 10:41:21 AM

Food Temperature: Product/Item/Unit: SOUP**; Temperature Process:** Cooling
Location: Walk-in Cooler at 50 Degrees F.
Comment: BASEMENT
COOLING OVERNIGHT
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: CUT TOMATO**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHEESE**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHICKEN**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 40 Degrees F.
Comment: BASEMENT
Violation Issued?: No

Food Temperature: Product/Item/Unit: JUICE**; Temperature Process:** Cold-Holding
Location: Refrigerator at 41 Degrees F.
Comment: MEMORY CARE
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT**; Temperature Process:** Cold-Holding
Location: Display Cooler at 41 Degrees F.
Comment: CONVENIENCE STORE
Violation Issued?: No

Food Temperature: Product/Item/Unit: SAUSAGE**; Temperature Process:** Hot-Holding
Location: Steam Table at 167 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: PASTA SAUCE**; Temperature Process:** Cooking
Location: On Stove at 189 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

Oak Meadows
Oakdale
County/Group:

Inspection Info

Report Number: F1023251129
Inspection Type: Full
Date: 9/9/2025
Time: 10:41:21 AM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 0 PPM
Comment:
Violation Issued?: Yes

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 100 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: 3-Comp Sink **Equal To** 400 PPM
Comment:
Violation Issued?: No