Electronically Delivered

November 26, 2024

Licensee
Maplewood Assisted Living
1890 Sherren Avenue East
Maplewood, MN 55109

RE: Project Number(s) SL20712016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 23, 2024, 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 . . ."

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

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

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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20712	A. BUILDING: _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLEWOOD ASSISTED LIVING	1890 SHERREN AVENUE EAST MAPLEWOOD, 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 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: SL20712016-0 On October 21, 2024, through October 23, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 52 residents; 43 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 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: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 21, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an	01440		

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01440	Continued From page 2 appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed supervision of unlicensed personnel (ULP) within 30 calendar days of beginning to provide delegated tasks for two of two ULPs (ULP-A, ULP-B). 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).	01440		

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01440	Continued From page 3 The findings include: On October 22, 2024, at 7:00 a.m., the surveyor observed ULP-A provide the delegated task of medication administration to R3 and R5. ULP-A and ULP-B were hired on September 25, 2023, and October 2, 2023, respectively. ULP-A and ULP-B's records lacked evidence a registered nurse completed supervision of delegated tasks within 30 days of being delegated the task. On October 21, 2024, at 3:00 p.m. executive director (ED)-E stated the licensee had failed to require the registered nurses to complete a 30-day supervision visit for delegated tasks. ED-E stated the licensee would need to have a registered nurse complete a supervision visit with ULP-A and ULP-B. The licensee's Supervision of ULP Policy dated December 2019, indicated a registered nurse would complete a 30-day supervision of the ULP when tasks were delegated to the ULP. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01540 SS=E	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics	01540		

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01540	Continued From page 4 specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of two unlicensed personnel ((ULP)-A, ULP-B) received the required amount of dementia care training in the required time frame. 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On October 22, 2024, at 7:00 a.m., the surveyor observed ULP-A provide medication administration to R3 and R5.	01540		

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01540	Continued From page 5 ULP-A and ULP-B were hired on September 25, 2023, and October 2, 2023, respectively. ULP-A and ULP-B's records lacked evidence either ULP completed any dementia care training prior to the provision of cares and within 80 working hours from the time of hire. On October 22, 2024, at 11:20 a.m. executive director (ED)-E stated the licensee had assigned the required dementia care training within the licensee's electronic training program but neither ULP completed the training. ED-E stated the licensee had failed to ensure and audit ULP-A and ULP-B's records to verify the required dementia care training was completed within the required time frames. The licensee's undated Training Requirement for Assisted Living with Dementia Care policy indicated all direct care staff would complete the required eight (8) hours of dementia care training within 80 working hours of the employment start date. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01540		
01640 SS=E	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the	01640		

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01640	Continued From page 6 facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the licensee to document agreement on the services to be provided for three of four residents (R2, R3, 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 a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include:	01640		

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01640	Continued From page 7 R2 R2 was admitted on March 19, 2019. R2's Assisted Living Agreement Addendum authenticated on May 2, 2024, was identified by executive director (ED)-E as R2's most recently authenticated service plan and indicated R2 received 16 unique services. R2's Assisted Living Agreement Addendum dated October 22, 2024, was identified by ED-E as R2's unauthenticated current service plan licensee provided services under. The service plan included 15 unique services R2 received with a fee for service different than the authenticated service plan identified above. R3 R3 was admitted on November 7, 2022. R3's Assisted Living Agreement Addendum authenticated on May 3, 2024, was identified by ED-E as R3's most recently authenticated service plan and indicated R3 received 47 unique services. R3's Assisted Living Agreement Addendum dated October 22, 2024, was identified by ED-E as R3's unauthenticated current service plan licensee provided services under. The service plan included 43 unique services R2 received with a fee for service different than the authenticated service plan identified above. R4 R4 was admitted on November 14, 2018. R4's Assisted Living Agreement Addendum dated April 22, 2024, identified by ED-E as R4's service plan, lacked authentication by the licensee or	01640		

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01640	Continued From page 8 resident and indicated R4 received 25 unique services. R4's Assisted Living Agreement Addendum dated October 22, 2024, was identified by ED-E as R4's unauthenticated current service plan licensee provided services under. The service plan included 25 unique services R4 received with a fee for service different than the service plan identified above. On October 22, 2024, at 11:45, ED-E stated the licensee had recently changed their software system and the service plans for residents were altered to reflect the new system. ED-E stated the licensee had failed to obtain authentication when the service plans changed services and the fees for services. ED-E stated the licensee would need to obtain authentication on the changed service plans to bring the licensee in compliance with the licensee's own policy and procedures. The licensee's Service Plan Modification policy dated November 2019, indicated when services and fees for services were changed, authentication on the revised service plan by the resident or the resident's designated representative. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
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	01760		

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01760	Continued From page 9 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 interview and record review, the licensee failed to ensure accurate transcription for a changed prescription was obtained for one of four residents (R3) who had medication management services. 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: R3 was admitted on November 7, 2022. R3's untitled document with an encounter date April 12, 2024, indicated under Medication Changes R3's provider discontinued loperamide (a common over-the-counter antidiarrheal medication).	01760		

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01760	Continued From page 10 R3's Follow-up Visit with encounter date September 6, 2024, included a comprehensive list of all medications R3 was currently ordered, and did not indicate an order for any antidiarrheal medication. R3's Medication Administration Record (MAR) dated October 2024, included documentation which read, "Anti-diarrhe [sic] Tab 2mg [milligram] Take one Tablet by mouth as needed for after loose stools maximum of 16 mg (8 tablets) in 24 hours." On October 22, 2024, at 10:30 a.m., executive director (ED)-E stated the licensee's nurses failed to complete accurate transcription of R3's orders when the provider discontinued the antidiarrheal medication. ED-E stated the nurse who received the initial change should have removed the medication from R3's MAR to ensure the opportunity to administer the medication was not present. The licensee's Medications and Treatment Orders Policy dated August 2021, indicated all medications would have a current authorized order for each medication provided to a resident. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

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

Type: Full
Date: *10/21/24*
Time: 17:30:32
Report: 1031241301

Food and Beverage Establishment Inspection Report

Location:
The Homestead At Maplewood
1890 Sherren Avenue East
Maplewood, MN55109
Ramsey County, 62

Establishment Info:
ID #: 0039373
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6517703959
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

3-501.16A1 ***** Priority 1 *****

MN Rule 4626.0395A1 Maintain all hot, TCS foods at 135 degrees F (57 degrees C) or above. Roasts may be held at 130 degrees F (54 degrees C) or above if cooked or reheated in accordance with the specified time and temperature requirements in 4626.0340B.

BURGER IN WELLNESS CARE OVEN MEASURED 78F. **BURGER DISCARDED.**
TURKEY IN C5 WARMER MEASURED 128F. TURKEY MADE 1HR EARLIER.

MONITOR TEMPERATURES.

Comply By: 10/21/24

4-500 Equipment Maintenance and Operation

4-501.114C1 ***** Priority 1 *****

MN Rule 4626.0805C1 Provide and maintain an approved chlorine chemical sanitizer solution that has a minimum concentration of 50 ppm and a minimum temperature of 75 degrees F (24 degrees C) for water with a pH of 8 or less or a minimum temperature of 100 degrees F (38 degrees C) for water with a pH of 8.1 to 10.

DISH MACHINE MEASURED 0 PPM CHLORINE. ***DISCONTINUE USE OF DISH MACHINE FOR SANITIZING PROPOSES UNTIL SERVICED.*** MACHINE CAN BE USED FOR WASH/RINSE. ALL ITEMS TO BE SANITIZED IN 3-COMP KITCHEN SINK UNTIL DISH MACHINE IS REPAIRED (50-200PPM).

Comply By: 10/21/24

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.

CAN OPENER FOUND WITH FOOD BUILDUP ON BLADE. HAD CAN OPENER SENT TO DISH FOR CLEANING. CLEAN CAN OPENER AFTER USE DAILY.

Corrected on Site

5-200C Plumbing: Maintenance, fixture location

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

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

HANDWASH BY COOK LINE BLOCKED BY SPEED RACK.

DISCONTINUE STORING SPEED RACK IN FRONT OF HANDSINK.

Comply By: 10/21/24

6-300 Physical Facility Numbers and Capacities

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

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

COOK LINE HANDSINK MISSING PAPER TOWELS.

Comply By: 10/22/24

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

ESTABLISHMENT DOES NOT HAVE A CERTIFIED FOOD PROTECTION MANAGER (CFPM).

Comply By: 10/21/24

4-400 Equipment Location and Installation

4-402.11A

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.

KITCHEN HAS MULTIPLE PEICES OF EQUIPMENT NOT SILICONED TO WALLS.
HOOD IS NOT SILICONED TO BACKSPLASH PANELS.

CLEAN AND SILICONE AREAS USING 100% SILICONE. USE TAPE TO ENSURE SILICONE DOESN'T SMEAR.

SILICONING PROCEDURE SENT WITH EMAIL.

Comply By: 12/21/24

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 FOLLOWING ITEMS NEED TO BE REPAIRED OR REMOVED FORM KITCHEN:

1. TRAULESN REACH-IN - BROKEN
2. C5 WARMER - NOT KEEPING FOOD 135F OR ABOVE

Comply By: 10/21/24

4-600 Cleaning Equipment and Utensils

4-601.11B

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

BOTH CONVECTION OVENS INTERIORS FOUND WITH ENCRUSTED FOOD DEBRIS THROUGHOUT CAVITY. CLEAN CONVI OVENS.

Comply By: 11/11/24

4-600 Cleaning Equipment and Utensils

4-602.13

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

MULTIPLE PIECES OF EQUIPMENT ON COOK LINE HAVE GREASE ON FRONTS AND BUILDUP ON RANGE, STEAM TABLE, FLOOR FAN.

CLEAN FRONTS OF ALL EQUIPMENT.
REMOVE BUILDUP ON RANGE, STEAM TABLE, AND FLOOR FAN.

Comply By: 11/11/24

5-200A Plumbing: approved materials/design

5-201.11B

MN Rule 4626.1040B Maintain the plumbing system in good repair.

HANDWASH SINK FAUCET MISSING HOT WATER HANDLE.

REPAIR OR REPLACE FAUCET.

Comply By: 11/11/24

6-100 Physical Facility Construction Materials

6-101.11A1

MN Rule 4626.1325A1 Provide smooth, durable, and easily cleanable floor, wall and ceiling surfaces.

KITCHEN FLOOR AND COVE HAS MULTIPLE PITS, SCRATCHES, AND DAMAGE.

REPAIR FLOOR AND COVE DAMAGE, OR LAY OUT PLAN FOR FLOOR REPLACEMENT OR RESURFACING.

WELLNESS AREA CABINETS ARE DAMAGED OR HAVE EXPOSED WOOD. REPAIR ALL DAMAGED AREAS.
Comply By: 11/11/24

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
HANDWASH REMINDER SIGNS MISSING FROM HANDWASH STATIONS ON COOK LINE AND IN WELLNESS CARE. COPY OF REMINDER SIGN SENT WITH REPORT. PRINT AND POST SIGN OR PURCHASE SIMILAR.
Comply By: 10/24/24

6-300 Physical Facility Numbers and Capacities
6-301.20
MN Rule 4626.1450 Provide a waste receptacle for individual towels at the handwashing sink where individual towels are used.
2 HANDWASH STATIONS IN KITCHEN MISSING WASTE RECEPTACLES.

PLACE WASTE RECEPTACLES BY ALL HANDWASH STATIONS.
Comply By: 10/24/24

6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.111ABD
MN Rule 4626.1565ABD Provide control of insects, rodents, and other pests by routinely inspecting incoming food and supply shipments; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.
MULTIPLE AREAS FOUND WITH PEST DROPPINGS.

CLEAN ALL FLOORS THOROUGHLY. PATCH ANY HOLES IN WALLS AND SEAL AROUND WALL PENETRATIONS.

WORK WITH PEST CONTROL COMPANY TO RESOLVE ISSUE.
Comply By: 11/11/24

6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
THE FOLLOWING AREAS HAVE DIRT/DEBRIS AND NEED TO BE CLEANED:

1. COOK LINE WALLS.
2. PREP AREA WALLS.
3. COOK LINE FLOORS.
4. ALL WELLNESS CARE CUPBOARD INTERIORS.

Type: Full
Date: *10/21/24*
Time: 17:30:32
Report: 1031241301
The Homestead At Maplewood

Food and Beverage Establishment Inspection Report

Comply By: 11/11/24

Surface and Equipment Sanitizers

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

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: Sani Bucket
Violation Issued: No

Hot Water: = 0 at 128 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Hot Hold/Hamburger
Temperature: 78 Degrees Fahrenheit - Location: Oven (wellness care)
Violation Issued: Yes

Process/Item: Hot Hold/Potatoes
Temperature: 168 Degrees Fahrenheit - Location: Steam Table (wellness care)
Violation Issued: No

Process/Item: Cold Hold/Ham
Temperature: 33 Degrees Fahrenheit - Location: Prep Table (top)
Violation Issued: No

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

Process/Item: Hot Hold/Burger
Temperature: 157 Degrees Fahrenheit - Location: Steam Table
Violation Issued: No

Process/Item: Hot Hold/Turkey
Temperature: 128 Degrees Fahrenheit - Location: C5 Warmer
Violation Issued: Yes

Process/Item: Cold Hold/Tomatoes; Diced
Temperature: 38 Degrees Fahrenheit - Location: Walk-in Cooler 1
Violation Issued: No

Process/Item: Cold Hold/Lettuce
Temperature: 40 Degrees Fahrenheit - Location: Walk-in Cooler 2
Violation Issued: No

Type: Full
Date: *10/21/24*
Time: 17:30:32
Report: 1031241301
The Homestead At Maplewood

Food and Beverage Establishment Inspection Report

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	2	3	11

Nurse Evaluator on site: Brandon Mueller

All violations discussed with PIC during the inspection.

Discussed:
- Illness and illness log
- Facilities upkeep and maintenance
- Handwashing access

Wellness Care area has residential equipment, laminate floor, and popcorn ceiling. Monitor area for signs of wear and dust buildup

NOTIFY INSPECTOR OF ADDITIONS OR CHANGES TO THE BUILDING, MAJOR EQUIPMENT ADDITIONS, OR CHANGES OF EQUIPMENT DUE TO A MENU CHANGE. THESE ACTIONS MAY REQUIRE A REMODEL PLAN REVIEW.

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

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

I acknowledge receipt of the Environmental Health inspection report number 1031241301 of 10/21/24.

Certification Number: _____ Expires: __/__/_____

Inspection report reviewed with person in charge and emailed.

Signed:_____
Ryan Rose
Food Director

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