Electronically Delivered

February 15, 2023

Licensee
Valley Ridge
1921 Burnsville Parkway West
Burnsville, MN 55337

RE: Project Number(s) SL28955015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on January 6, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for

reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email 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

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
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-215-9697

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28955	A. BUILDING: _____ B. WING _____	01/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY RIDGE	1921 BURNSVILLE PARKWAY WEST BURNSVILLE, MN 55337

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0 000	Initial Comments *****ATTENTION****** ASSISTED LIVING 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: SL28955015 On January 3, 2023, through January 6, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were forty six (46) residents, all of whom received services under the provider's Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living with Dementia Care 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: (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 January 3, 2023, for the specific Minnesota	0 480		

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

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0 780	Continued From page 3 This deficient condition had the ability to affect all staff and residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: On January 04, 2023, at approximately 11:00 a.m., survey staff toured the facility with Licensed Assisted Living Director (LALD)-A and Environment Service Director (ESD)-E. During the facility tour, survey staff observed that the sleeping rooms that were equipped with smoke alarms were not interconnected with the living room smoke alarms in one-bedroom units #388 and #252. The actuation of the living room alarm did not cause sleeping room alarms to operate. When the Environment Service Director (ESD)-E tested the living room smoke alarm, that actuated the sleeping room smoke alarms. This deficient condition was visually verified by (LALD)-A and (ESD)-E accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of	0 800		

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0 800	Continued From page 4 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 in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On January 04, 2023, at approximately 11:00 a.m., survey staff toured the facility with Licensed Assisted Living Director (LALD)-A and Environment Service Director (ESD)-E. During the facility tour, survey staff observed the following: The mechanical Room on the third floor has a large hole in the sheetrock. This wall is part of a fire barrier and is required to be intact to provide the required fire separation from the adjacent room. Community room on the first floor, the radiant heater baseboard was missing cover plates and missing end cap exposing sharp metal edges. The community room egress door on the first	0 800		

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0 800	Continued From page 5 floor was partially obstructed due to snow outside of the door. Means of egress should be maintained continuous and unobstructed path from all occupied areas of a building or structure out to a public way. Memory care side exit stair egress door on the first floor was obstructed due to snow outside of the door. Means of egress should be maintained continuous and unobstructed path from all occupied areas of a building or structure out to a public way. Enclosed outdoor activity space on the first floor, egress doors to sidewalk were obstructed due to snow outside of the doors. Means of egress should be maintained continuous and unobstructed path from all occupied areas of a building or structure out to a public way. The facility did not maintain the required clear floor space in front of the electrical panels throughout the building. It was observed that not easily removable furniture or equipment was stored in front of electrical panels. During the facility tour interview, LALD-A and ESD-E visually verified these deficient findings at the time of discovery. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 970 SS=F	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor	0 970		

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0 970	Continued From page 6 include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all 46 residents residing in the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On January 5, 2023, at 11:30 a.m., a copy of the facility's assisted living contract was requested and reviewed by surveyor. The Presbyterian Homes and Services Residency Agreement form, dated October 1, 2022, included clauses indicating the facility was not liable to residents in the following incidents: Personal Property: Resident assumes primary responsibility for all risk for harm to or loss of any of resident's personal property. Resident is encouraged, if so desired, to secure an Apartment or renter's insurance policy to protect against such loss.	0 970		

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0 970	Continued From page 7 Other Losses or Damages: Resident acknowledges familiarity with the Apartment, the premises and services of the Community and was therefore willing to, and does, assume the risks associated with occupancy. Resident further acknowledged that neither Owner nor any of its affiliates was an insurer of Resident's safety. Responsibilities of the Resident: Be responsible for the costs associated with the following, caused by the acts or failure of Resident, pets, Resident's agents, family members, or guests, whether intentional or unintentional, and whether under Resident's control or direction: - any loss, property damage, or repair or service (including plumbing problems) or injury to any person, - any loss or damage caused by inappropriate use of any feature of the Apartment, including as examples only and without limitation, doors or windows being left open, faucets being left open, toilet use, stoves being left on, and refrigerators being left open; - all costs, including additional staff costs and reasonable attorney's fees Owner incurs because of abandonment of the Apartment, any breach or violation of this Agreement, or other actions or failure to act by Resident, or Resident's guests, pets, family members, or agents; - all costs, including additional staff costs and reasonable attorney's fees Owner incurs with respect to Owner's enforcement of this Agreement, including but not limited to any suit for collection, eviction, unpaid rent, or any other debt or charge. Resident would be billed for such costs, which will be paid by Resident or Resident's estate would be responsible for such costs, whether this Agreement had been	0 970		

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0 970	Continued From page 8 terminated. On January 6, 2023, at 11:45 a.m., licensed assisted living director, (LALD)-A stated the licensee was not aware the contract could not require residents to waive the facility's liability and responsibility for health, safety, or personal property. LALD-A further explained it was the licensee's corporate attorneys used language provided and approved by he Minnesota Department of Health (MDH) and the same assisted living contract was used for all residents residing in the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
02310 SS=F	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 provide care and services according to acceptable health care standards, medical or nursing standards for two of two (R4, R5) who utilized bed rails. 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	02310		

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02310	Continued From page 9 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: R4's diagnoses included, but were not limited to chronic kidney disease, depression, cognitive dysfunction, vertigo, sciatica, insomnia, and anxiety. The Resident Care Coordination note for bed mobility, dated May 12, 2022, at 10:27 a.m., indicated R4 did not tolerate bed mobility and transfers without a bed device and was enrolled in Optage Hospice. The Resident Care Coordination note for bed device, dated May 13, 2022, at 1:19 p.m., indicated R4 had a change of condition and an order for a Halo type bed device was received from R4's medical doctor related to an assessment which indicated R4 was not able to turn or sit up independently while in bed without the assistance of a bed device. The Safety Assessment, dated 11/02/2022, indicated R4 was non-ambulatory, required frequent supportive nursing care and observation and reassurance checks every two hours. On January 5, 2023, at 11:24 a.m., the vice president of facility management (VPFM-G) sent an email regarding the facility's bed device recall process, "Our system for safety recalls on all medical devices (was) notification from our suppliers, our service partners, and the federal government of any recalls related to products we (had) purchased."	02310		

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02310	Continued From page 10 On January 5, 2023, at 2:29 p.m., the clinical director/ registered nurse (CD/RN-B) sent an email explaining, "For the recall checking of bed devices, we partner with DSSI Medical Supplies. They would notify environmental services and/or the clinical team of any recalls on any of the purchased equipment. For bed devices through other providers- such as Hospice and Corner Home Medical - that medical supply store would be notifying us of any recalls on any of their products." CD/RN-B clarified the licensee did not initiate obtaining data regarding consumer bed device recall information, but instead relied on the medical supply company to contact the licensee. On January 6, 2023, at 10:15 a.m., a Halo bed device was observed on the upper left side of R4's bed. The bed was not occupied. R5's diagnoses included, but were not limited to chronic kidney disease, depression, osteoarthritis, urinary incontinence, and spinal stenosis of the lumbar region. The Resident Care Coordination note for bed device, dated September 21, 2020, at 11:52 a.m., indicated R5 did not tolerate bed mobility and transfers without a bed device The licensee's engineering department was contacted and the selected bed device was applied. A physician order for a Bed Cane type device was requested, September 21, 2020, and a hard copy was received, October 5, 2020. The Presbyterian Homes Assisted Living Home Care Vulnerability and Safety Review, dated September 21, 2020, indicated R5 required a bed device for positioning and mobility.	02310		

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02310	Continued From page 11 On January 6, 2023, at 10:00 a.m., a Bed Cane device was observed on the upper left side of R5's bed. The bed was not occupied The licensee's current resident roster, dated January 3, 2023, indicated R4 and R5 had bed rails applied to their beds. The Valley Ridge -MN Bed Assist Device PT Bed Cane sheet, dated January 3, 2023, indicated the following: R4 -"PT Bed Halo Assist Device: Assess resident's safety with and functional use of the device. This assessment requires direct observation of resident use of the device. (This is to be done with the 90-day reviews)." R5 -"PT Bed Cane Assist Device: Assess resident's safety with and functional use of the device. This assessment requires direct observation of resident use of the device. (This is to be done with the 90-day reviews)." The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs) indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail.	02310		

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(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
02310	Continued From page 12 - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail. - The resident's bed rail use/need assessment. - Risk vs. benefits discussion (individualized to each resident's risks). - The resident's preferences. - Installation and use according to manufacturer's guidelines. - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". Additionally, the MDH website indicated for "consumer beds", the licensees should refer to individual manufacturer's guidelines for appropriate installation, maintenance, and use. In addition, licensees should refer to the Consumer Product Safety Commission (CSPC) for the most up-to-date information related to portable bed side rail recall information. The Assisted Living Resources & Frequently Asked Questions (FAQs) current recommendations for recall include the following "The United States Consumer Product Safety Commission (CSPC) works to save lives and ensure safety by reducing the unreasonable risk of injuries and deaths associated with consumer products, such as portable bed rails. The CSPC posts information on its website related to portable bed rail recalls. Licensees should review the CSPC website regularly for updates on recalled portable bed rails. The opportune time to do this would be with the 90-day assessment due to the requirement included in the uniform assessment tool for assessing assistive devices.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28955	A. BUILDING: _____ B. WING _____	01/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY RIDGE	1921 BURNSVILLE PARKWAY WEST BURNSVILLE, MN 55337

(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
02310	Continued From page 13 The Presbyterian Homes and Services Assisted Living Home Care Physical Device Policy and Procedure, updated June 2018, lacked direction to include ensuring consumer bedrails used by the residents of the licensee had not been recalled. On January 6, 2023, at 11:45 a.m., the licensed assistant living director (LALD-A) stated the licensee was not aware of the process to obtain recall information on bed devices. LALD stated, "We don't call to see if there have been recalls on the devices because we would get notified through corporate- who would get notified from the supplier. We did not call the manufacturer ourselves. We take safety very seriously." LALD-A further indicated the licensee would add this process to the 90-day change of condition assessment for residents with bed devices applied. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	02310		

Minnesota Department of Health
Environmental Health, FPLS
P.O Box 64975
Saint Paul
651-201-4500

Type: Full
Date: *01/03/23*
Time: 11:00:59
Report: 1018231001

Food and Beverage Establishment Inspection Report

Location:
Valley Ridge
1921 Burnsville Parkway West
Burnsville, MN55337
Dakota County, 19

Establishment Info:
ID #: 0038065
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528824000
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.

4-300 Equipment Numbers and Capacities

4-302.13B ** Priority 2 **

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

ESTABLISHMENT DOES NOT HAVE A MAXIMUM TEMPERATURE REGISTERING THERMOMETER FOR THEIR DISHWASHER. COMPLY WITH RULE.

Comply By: 02/03/23

4-600 Cleaning Equipment and Utensils

4-602.11E

MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.

SMALL AMOUNT OF MOLD OBSERVED ON BAFFLE OF ICE MACHINE. COMPLY WITH RULE.

Comply By: 01/04/23

Surface and Equipment Sanitizers

SMARTPOWER: = 700PPM at Degrees Fahrenheit
Location: 3 COMPARTMENT SINK
Violation Issued: No

Hot Water: = at 171 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/ DELI MEAT
Temperature: 39 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Holding/ TOMATO
Temperature: 38 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Holding/ MILK
Temperature: 39 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

Process/Item: Cold Holding/ EGGS
Temperature: 40 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

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

Process/Item: Cold Holding/ DELI MEAT
Temperature: 38 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

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

Process/Item: Hot Holding/ SAUSAGE
Temperature: 135 Degrees Fahrenheit - Location: WARMER
Violation Issued: No

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

DISCUSSED EMPLOYEE ILLNESS AND VIEWED ILLNESS LOG.

ESTABLISHMENT USES COMMERCIAL EQUIPMENT.

ESTABLISHMENT USES PASTEURIZED EGGS.

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 Minnesota Department of Health inspection report number 1018231001 of 01/03/23.

Certified Food Protection Manager: LISA L HOFFART

Certification Number: FM16706 Expires: 10/23/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

LISA HOFFART
KITCHEN MANAGER

Signed: 

Rebecca Prestwood
Sanitarian 3
6512013777
rebecca.prestwood@state.mn.us