



*Protecting, Maintaining and Improving the Health of All Minnesotans*

December 19, 2022

Administrator  
Edgewood May Creek, LLC  
303 10th Street South  
Walker, MN 56484

RE: Project Number(s) SL30760015

Dear Administrator:

On December 6, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the October 28, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

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. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Casey DeVries'.

Casey DeVries, Supervisor  
State Evaluation Team  
Health Regulation Division  
85 East Seventh Place, Suite 220  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Telephone: 651-201-5917 Fax: 651-215-9697

PMB



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

November 8, 2022

Administrator  
Edgewood May Creek LLC  
303 10th Street South  
Walker, MN 56484

RE: Project Number(s) SL30760015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on October 28, 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.

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 . . ."

#### **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 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 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.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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

**St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services - \$3,000.00**

**The total amount you are assessed is \$3,000.00.** You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

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

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

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

**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. 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.

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,



Jess Gallmeier, Supervisor  
Health Regulation Division  
State Evaluation Team  
85 East Seventh Place, Suite 220  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Email: [jess.gallmeier@state.mn.us](mailto:jess.gallmeier@state.mn.us)  
Phone: 651-201-3789 Fax: 651-215-9697

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30760</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDGEWOOD MAY CREEK LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 10TH STREET SOUTH WALKER, MN 56484</b>
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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
0 000	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: #SLSL30760015</p> <p>On October 24 through October 26, 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 48 residents, 45 receiving services under the provider's Assisted Living license.</p> <p>On October 26, 2022, the immediacy of correction order 2310 has been removed, however non-compliance remains at a scope and level of I.</p>	0 000	<p>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 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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(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:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>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 October 25, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		

Minnesota Department of Health

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0 650 SS=F	<p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>(b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for two of two employees (registered nurse (RN)-A and</p>	0 650		

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0 650	<p>Continued From page 3</p> <p>unlicensed personnel (ULP)-B).</p> <p>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).</p> <p>The findings include:</p> <p>RN-A was hired on April 16, 2021.</p> <p>RN-A's record included a Minnesota Department of Human Services (MNDHS) Background Study Notice dated April 22, 2019, associated with licensee's previous Health Facility Identification (HFID) number 31988.</p> <p>RN-A's record lacked a background study associated with the licensee's current HFID of 30760 as required.</p> <p>ULP-B was hired on May 18, 2016.</p> <p>ULP-B's record included a MNDHS Background Study Notice dated October 11, 2016, associated with licensee's previous HFID number 31988.</p> <p>ULP-B's record lacked a background study associated with the licensee's current HFID of 30760 as required.</p> <p>On October 26, 2022, at 11:30 a.m., during the exit conference, executive director (ED)-C stated RN-A and ULP-B's record lacked a background study associated with the licensee's current HFID. ED-C stated the licensee was not aware each</p>	0 650		



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0 650	<p>Continued From page 4</p> <p>employee hired prior to the new HFID being issued with the change of license would need to be completed again to associate those employees with the current license.</p> <p>The licensee's undated Pre-Employment Background Checks policy indicated all employees would have a completed background study completed through NetStudy 2.0. The policy lacked indication the employees' background studies would be associated with the licensee's current license.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 650		
0 660 SS=D	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced</p>	0 660		

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0 660	<p>Continued From page 5</p> <p>by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing and screening for one of two employees (unlicensed personnel (ULP)-B).</p> <p>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 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).</p> <p>The findings include:</p> <p>ULP-B was hired on May 18, 2016.</p> <p>ULP-B's Baseline Screening Tool for Healthcare Workers (HCWs) dated August 11, 2016, indicated ULP-B completed step one of the screenings, the document lacked the required second step as indicated with a "X," drawn over the entire second step documentation area.</p> <p>On October 26, 2022, at 11:30 a.m., during the exit conference, registered nurse (RN)-A stated ULP-B's record lacked a completed TB two-step Mantoux or blood test as the licensee requires. RN-A stated the licensee was not aware why the second step was not completed and ULP-B stated they could not remember if a second step was ever completed.</p> <p>The licensee's undated Tuberculosis Screening policy indicated staff would have a completed</p>	0 660		

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0 660	Continued From page 6  two-step Mantoux screening completed prior to providing services.  No further information provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
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 provide 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 October 25, 2022, between 10:45 a.m. and 12:45 p.m., survey staff toured the facility with the	0 800		

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0 800	<p>Continued From page 7</p> <p>director of maintenance (DOM)-F. During the facility tour, survey staff observed the following:</p> <ol style="list-style-type: none"> <li>1. The salon door was not locked in the dementia care building.</li> <li>2. The kitchen gate was not installed in the Keston Cottage building. DOM-F explained that the gate had been temporarily removed during a kitchen maintenance project.</li> </ol> <p>On October 25, 2022, at approximately 2:20 p.m., during an interview with DOM-F, the findings were confirmed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ol style="list-style-type: none"> <li>(1) location and number of resident sleeping rooms;</li> <li>(2) employee actions to be taken in the event of a fire or similar emergency;</li> <li>(3) fire protection procedures necessary for residents; and</li> <li>(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.</li> </ol> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year</p>	0 810		

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0 810	<p>Continued From page 8</p> <p>thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(f) Evacuation drills are required for employees 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.</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to provide the required plans for fire safety and evacuation. This had the potential to directly affect all residents and staff.</p> <p>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:</p> <p>On October 25, 2022, at approximately 12:45 p.m., the director of maintenance (DOM)-F provided documents for review. Documents were reviewed by survey staff on October 25, 2022, between 12:45 p.m. and 1:40 p.m. The fire safety and evacuation plans did not include the identification of unique or unusual resident needs for movement or evacuation.</p>	0 810		

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0 810	Continued From page 9  On October 25, 2022, at approximately 2:20 p.m., during an interview with DOM-F, the findings were confirmed.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=C	144.50 Subd. 5 Waivers of liability prohibited  The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.  This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect 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).	0 970		

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NAME OF PROVIDER OR SUPPLIER  <b>EDGEWOOD MAY CREEK LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 10TH STREET SOUTH WALKER, MN 56484</b>
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0 970	<p>Continued From page 10</p> <p>The findings include:</p> <p>On October 24, 2022, at approximately 11:00 a.m., executive director (ED)-C provided a blank Residency Agreement and indicated the document was the licensee's assisted living contract used for all residents under the care of the licensee.</p> <p>The Resident Agreement indicated in sections 27. Personal Property, 28. Indemnification, 29. Insurance, and 30. Liability, the licensee waived liability for the health, safety, and personal property of the residents.</p> <p>On October 26, 2022, at 11:30 a.m., during the exit conference, ED-C stated the licensee's assisted living contract included language waiving licensee's liability for health, safety, and personal property of the residents. ED-C stated the licensee was not aware of the prohibition for waivers of liability.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		
01060 SS=F	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains,</p>	01060		

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01060	<p>Continued From page 11</p> <p>at a minimum:</p> <p>(1) the reason for the relocation;</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care;</p> <p>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and</p> <p>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, or designated representative for one of one resident (R6).</p>	01060		



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01060	<p>Continued From page 12</p> <p>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).</p> <p>The findings include:</p> <p>R6 admitted to the licensee on October 16, 2020.</p> <p>R6's Resident Notes - One Resident dated August 19, 2022, with occurrence time of 9:55 a.m., indicated R6 was transported and admitted to a hospital for a choking episode and returned under the care of the licensee on August 22, 2022, at 3:00 p.m.</p> <p>R6's record lacked documentation R6 or R6's guardian or designated representative received a written notice with all required content for an emergency relocation.</p> <p>On October 26, 2022, at 11:30 a.m., during the exit conference, executive director (ED)-C acknowledged R6 was not provided a written notice with required content for an emergency relocation. ED-C indicated the licensee was not aware a notice was required to be provided if the resident returned within four days to the care of the licensee.</p> <p>The licensee's undated Emergency Relocation policy indicated a written notice with the required content would be provided to the resident in the case of an emergency relocation.</p>	01060		

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01060	Continued From page 13  No further information provided.	01060		
01640 SS=F	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 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. (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 four of four residents	01640		

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01640	<p>Continued From page 14 (R2, R3, R4, R5).</p> <p>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).</p> <p>The findings include:</p> <p>R2 R2 was admitted on February 1, 2022.</p> <p>R2's signed Service Plan - Private Pay dated February 1, 2022, indicated R2 received 13 different services.</p> <p>R2's unsigned Service Plan (Waiver) - Addendum to Contract with effective date of October 25, 2022, indicated by registered nurse (RN)-A as R2's current service plan included 26 different services received by R2 which indicated a change to the service plan had occurred. R2's record lacked a signature or authentication on a current service plan with current services provided identified.</p> <p>R3 R3 was admitted on May 31, 2022.</p> <p>R3's record lacked a signed service plan.</p> <p>R3's unsigned Service Plan (Waiver) - Addendum to Contract with effective date of October 25, 2022, indicated by RN-A as R3's current service plan included 16 different services received by R3.</p>	01640		

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01640	<p>Continued From page 15</p> <p>R4 R4 was admitted on July 28, 2022.</p> <p>R4's signed Service Plan (Private) - Addendum to Contract dated August 22, 2021, indicated R4 received 30 different services.</p> <p>R4's unsigned Service Plan (Waiver) - Addendum to Contract with effective date of October 25, 2022, indicated by RN-A as R4's current service plan included 27 different services received by R4 which indicated a change to the service plan had occurred. R4's record lacked a signature or authentication on a current service plan with current services provided identified.</p> <p>R5 R5 was admitted on September 20, 2022.</p> <p>R4's signed Service Plan (Waiver) - Addendum to Contract dated September 20, 2022, indicated R5 received 23 different services.</p> <p>R5's unsigned Service Plan (Waiver) - Addendum to Contract with effective date of October 25, 2022, indicated by RN-A as R5's current service plan included 30 different services received by R5 which indicated a change to the service plan had occurred. R5's record lacked a signature or authentication on a current service plan with current services provided identified.</p> <p>On October 26, 2022, at 11:30 a.m., during the exit conference, RN-A acknowledged R2, R3, R4, and R5's respective records lacked authenticated or signed services plans by the resident or resident's designated representatives. Executive director (ED)-C indicated the licensee was aware of the authentication requirement and were</p>	01640		

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01640	Continued From page 16  working on a correction but currently had not implemented a solution.  The licensee's Service Plan policy dated August 2022, indicated all service plans and revisions of service plans would be authenticated or signed by the resident or residents' representatives.  No further information provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01890 SS=D	144G.71 Subd. 20 Prescription drugs  A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to date time sensitive medications with an open and expiration date for two of five residents (R3, R9), and failed to monitor for expired medications for one of one resident (R7) inhalant medications.  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 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	01890		

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01890	<p>Continued From page 17</p> <p>only occasionally).</p> <p>The findings include:</p> <p>On October 25, 2022, at approximately 8:20 a.m., the surveyor observed the locked medication carts with unlicensed personnel (ULP)-B. ULP-B stated, "the nurses take care of the medications in the carts." The surveyor observed the following items, and confirmed them with ULP-B:</p> <p><b>TIME SENSITIVE MEDICATIONS</b> R3's opened Lantus Solostar 100 units/milliliter (ml) insulin pen (a multiple dose pen shaped injector device for insulin administration) had a handwritten open date of October 24, 2022, (date of survey entrance) which indicated the date the pen had been opened, however, did not include a date the pen would expire.</p> <p>R9's fluticasone 50 microgram (mcg)/act nasal spray had a handwritten open date of October 24, 2022, (date of survey entrance) which indicated the date the nasal spray had been opened, however, did not include a date the nasal spray would expire.</p> <p><b>EXPIRED MEDICATIONS</b> In the medication drawer of the medication cart for R7 was an Albuterol HFA 90 microgram (mcg) inhaler with an expiration date of July 2022.</p> <p>On October 25, 2022, at approximately 11:00 a.m., registered nurse (RN)-A acknowledged all time sensitive medications should be marked with an open and expiration date. Additionally, RN-A stated the licensee was "unaware" the medication cart contained expired medications.</p> <p>The licensee's undated Medication Storage policy</p>	01890		

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01890	Continued From page 18  indicated expired medications managed by the licensee would be disposed of according to the accepted practices of the Minnesota Board of Pharmacy.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02310 SS=I	144G.91 Subd. 4 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, medical, or nursing standards for three of three residents (R3, R6, R8) with bed rails.  This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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).  The findings include:  On October 24, 2022, at approximately 10:00	02310		

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02310	<p>Continued From page 19</p> <p>a.m., during a tour of the facility, the surveyors noted residents with consumer bed rails attached. The surveyors returned to noted rooms with consumer bed rails to assess if bed rails were secured to R3, R6, and R8's respective beds.</p> <p>Per the Minnesota Department of Health's (MDH) Assisted Living Resources &amp; Frequently Asked Questions (FAQs) related to consumer bed rails, a licensee should ensure the following when a resident has consumer bed rails in use:</p> <ul style="list-style-type: none"> <li>- Purpose and intention of the bed rail;</li> <li>- Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail;</li> <li>- The resident's bed rail use/need assessment;</li> <li>- Risk vs. benefits discussion (individualized to each resident's risks);</li> <li>- The resident's preferences;</li> <li>- Installation and use according to manufacturer's guidelines;</li> <li>- Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation and;</li> <li>- Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements.</li> </ul> <p>R3 On October 25, 2022, at approximately 9:50 a.m., the surveyor entered R3's room with registered nurse (RN)-A to assess if bed rail was securely installed. The surveyor noted two bed rails of different design on each side of R3's bed. On the left side, a white colored opened square frame with extensions arms perpendicular to the square section extending between R3's mattress and box spring mattress. On the right side of R3's bed a black u-shaped bar with extensions arms perpendicular to the u-shaped section extended</p>	02310		



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02310	<p>Continued From page 20</p> <p>between the mattress and box spring mattress. Both bed rails were able to be moved by the surveyor by pulling and pushing on the bedrails.</p> <p>R3 was admitted on May 31, 2022. R3 resided in the licensee's assisted living services building on the campus.</p> <p>R3's most recent Assessment By Date completed on August 11, 2022, read, "Mobility - Bed Independent with bed mobility. Uses assistive device to aid positioning (select from list): Bed rail - Has bed cane for repositioning."</p> <p>R3's record lacked documentation of all required assessments and documentation per MDH FAQs for consumer bed rails.</p> <p>R6 On October 25, 2022, at approximately 10:00 a.m., the surveyor observed R6's bed and bed rail. R6's bed rail was a single black pole with an oval on top where R6 was able to grab and use the device. The bottom of the pole was attached to a wood plate measuring 23" x 19" inserted between the R6's mattress and box spring mattress. The surveyor was able to pull and push on the black pole and noted the bedrail was able to be moved and not securely attached.</p> <p>R6 was admitted on October 16, 2020. R6 resided in the licensee's memory care service building on the campus.</p> <p>R6's most recent Assessment By Date completed on September 9, 2022, read, "Portable bed rails installed and maintained according to manufacturer instructions and the Consumer Product Safety Commission site reviewed for any recalls of this device: Bed cane installed and</p>	02310		

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02310	<p>Continued From page 21</p> <p>maintained according to manufacturer instructions."</p> <p>R6's record lacked documentation of condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail, risk vs. benefits discussion (individualized to each resident's risks), the resident's preferences, 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.</p> <p>R8 On October 25, 2022, at approximately 10:00 a.m., the surveyor observed R8's bed and noted a gray colored u-shaped bed rail with extension arms perpendicular to the u-shape extending between R8's mattress and box spring mattress. The surveyor was able to move the bedrail by a simple pull and push on the bed rail.</p> <p>R8 was admitted on February 15, 2022. R8 resided in licensee's memory care service building on the campus.</p> <p>R8's Assessment By Date completed on October 7, 2022, read, "Mobility - Bed: Uses assistive device to aid positioning (select from list); Bed Cane."</p> <p>On October 25, 2022, at approximately 11:00 a.m., registered nurse (RN)-A acknowledged the residents' records lacked all required documentation to be completed. RN-A stated the licensee was aware of the required documentation but was unsure why it was not completed for all residents with bed rails. RN-A acknowledged installation of bed rails was</p>	02310		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30760</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDGEWOOD MAY CREEK LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 10TH STREET SOUTH WALKER, MN 56484</b>
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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	<p>Continued From page 22</p> <p>required to be done per manufacture's direction to prevent injury or entrapment of the residents. RN-A stated families of the residents may have installed the bed rails and was not sure if they had been installed per manufacture's direction.</p> <p>The licensee's Side Rail - MN policy dated October 2022, indicated all required assessments and documentation would be completed and included in the resident's record. However, the policy referenced the Federal Drug Administration (FDA) recommendation for hospital bed rails and not consumer bed rails.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>Immediacy is removed as confirmed evaluation supervisor document review on October 26, 2022, however noncompliance remains at a scope and severity of I.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02310		
02320 SS=D	<p>144G.91 Subd. 4 Appropriate care and services</p> <p>(b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record</p>	02320		

Minnesota Department of Health

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02320	<p>Continued From page 23</p> <p>review, the licensee failed to ensure unlicensed personnel (ULP) followed appropriate medication administration procedures for one of three employees (ULP)-B) observed during medication administration.</p> <p>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).</p> <p>The findings include:</p> <p>On October 25, 2022, at 7:55 a.m., the surveyor entered the medication room and requested to observe ULP-B's morning medication pass. ULP-B had two medication cups on the top of the medication cart, both containing pills. The surveyor asked if the medication cups were set up by ULP-B and who the medications were to be administered to. ULP-B stated, "yes" she had set up the medication cups for two residents (R9, R11) at the same time, ahead of the scheduled administration time of 8:00 a.m. The surveyor asked if ULP-B was trained to preset up medications for more than one resident at a time. ULP-B stated, "no, we're not, but we have no internet and they [residents] need their medications." The surveyor requested and observed ULP-B reverify the medications and administer the medications one medication cup at a time to R9 and R11.</p> <p>R9's electronic medication administration record (EMAR) indicated ULP-B prepared the following</p>	02320		

Minnesota Department of Health

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02320	<p>Continued From page 24</p> <p>medications to administer to R9 at 8:00 a.m.: omeprazole 20 milligrams (mg), amlodipine 10 mg, and furosemide 20 mg.</p> <p>R11's EMAR indicated ULP-B prepared the following medications to administer to R11 at 8:00 a.m.: aspirin extended release (ER) 81 mg, apixaban 5 mg, lisinopril 10 mg, and metoprolol 50 mg.</p> <p>On October 25, 2022, at 11:00 a.m., registered nurse (RN)-A and the surveyor discussed the observation regarding the setup process and administration of medications to R9 and R11. RN-A stated "I was unaware of that. No, they are not taught to do that."</p> <p>The licensee's undated Medication and Treatment - Administration policy indicated the RN would ensure ULPs delegated medication administration were instructed in the proper methods with respect to each resident to administer the medications and the ULPs had demonstrated the ability to competently follow the procedure. Additionally, the policy indicated the RN would instruct the ULP on the complete procedure of checking a resident's medication record and the preparation of medication for administration.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02320		
02350 SS=F	<p>144G.91 Subd. 7 Courteous treatment</p> <p>Residents have the right to be treated with courtesy and respect, and to have the resident's</p>	02350		

Minnesota Department of Health

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02350	<p>Continued From page 25</p> <p>property treated with respect.</p> <p>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 for termination of an assisted living contract without appropriate reason or cause. This had the potential to affect all residents with an assisted living contract.</p> <p>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).</p> <p>The findings include:</p> <p>On October 24, 2022, at approximately 11:00 a.m., executive director (ED)-C provided a blank Residency Agreement and indicated document was the licensee's assisted living contract used for all residents under the care of the licensee.</p> <p>The Residency Agreement section C. Termination by the Community final paragraph read, "Examples of circumstances that may result in an expedited termination pursuant to this paragraph C are included on Attachment E."</p> <p>Attachment E Circumstance that may Result in Expedited Termination included the following:</p> <ul style="list-style-type: none"> <li>- Inappropriate urination/defecation</li> <li>- Unwillingness to accept assistance with ADL's and/or care needs outlined in a service plan</li> <li>- Frequent falls, with or without injury, and which</li> </ul>	02350		

Minnesota Department of Health

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02350	<p>Continued From page 26</p> <p>do not reduce by modifying the environment, medications, or physical therapy</p> <ul style="list-style-type: none"> <li>- Destruction of property</li> </ul> <p>The licensee's Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) indicated the licensee provided the following services:</p> <ul style="list-style-type: none"> <li>- Prepared to manage challenging behaviors</li> <li>- Assistance with bowel and bladder control, devices, and training programs</li> <li>- Fall Prevention: balance assessments</li> <li>- Fall Prevention: exercise programs</li> <li>- Fall Prevention: strength training</li> </ul> <p>On October 26, 2022, at 11:30 a.m., during the exit conference, ED-C acknowledged the above identified termination examples are common situations that would arise in licensee's memory care building and are inappropriate reasons for the licensee to initiate an expedited termination. ED-C stated the licensee had not initiated an expedited termination for the identified examples and would remove inappropriate examples from the assisted living contract as the licensee indicated on their UDALSA the ability to provide the services.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	02350		



Type: Full  
Date: 10/25/22  
Time: 12:41:20  
Report: 8046221156

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Edgewood May Creek Llc  
303 10th Street South  
Walker, MN56484  
Cass County, 11

**Establishment Info:**

ID #: 0039402  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 2185474515  
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.

### 4-700 Sanitizing Equipment and Utensils

#### 4-703.11B **\*\* Priority 1 \*\***

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

OBSERVED DISH MACHINE IN MEMORY CARE (299) NOT REACHING 160F. DISHES WILL BE BUSSED BACK TO MAIN KITCHEN UNTIL MACHINE IS REPLACED OR REPAIRED.

*Corrected on Site*

### Surface and Equipment Sanitizers

Chlorine: = 100 at Degrees Fahrenheit  
Location: KITCHEN DISH MACHINE  
Violation Issued: No

Hot Water: = at 150 Degrees Fahrenheit  
Location: 299 DISH MACHINE  
Violation Issued: Yes

### Food and Equipment Temperatures

Process/Item: Cold Holding  
Temperature: 40 Degrees Fahrenheit - Location: REACH IN 2 DOOR NEW  
Violation Issued: No

Process/Item: Cold Holding  
Temperature: 40 Degrees Fahrenheit - Location: REACH IN 2 DOOR OLD  
Violation Issued: No



Type: Full  
Date: 10/25/22  
Time: 12:41:20  
Report: 8046221156  
Edgewood May Creek Llc

# Food and Beverage Establishment Inspection Report

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Process/Item: Cold Holding  
Temperature: 39 Degrees Fahrenheit - Location: REACH IN LOW BOY  
Violation Issued: No

---

Process/Item: Hot Holding  
Temperature: 150 Degrees Fahrenheit - Location: BEEF STIR FRY  
Violation Issued: No

---

Process/Item: Cooking  
Temperature: 180 Degrees Fahrenheit - Location: RICE  
Violation Issued: No

---

Process/Item: Cooking  
Temperature: 200 Degrees Fahrenheit - Location: EGG ROLL  
Violation Issued: No

---

Process/Item: Receiving  
Temperature: 160 Degrees Fahrenheit - Location: RICE HOT ARRIVE 299  
Violation Issued: No

---

Process/Item: Cold Holding  
Temperature: 40 Degrees Fahrenheit - Location: FRIDGE 299  
Violation Issued: No

---

Process/Item: Cold Holding  
Temperature: 40 Degrees Fahrenheit - Location: FRIDGE 301  
Violation Issued: No

---

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

DISCUSSED TESTING HIGH TEMP DISH MACHINE, FOOD CART OPTIONS FOR MEMORY CARE UNIT.

**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 8046221156 of 10/25/22.

Certified Food Protection Manager: MARY HONER

Certification Number: 14401 Expires: 08/23/25

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_  
MARY HONER  
FSD

Signed: Zach Johnson  
Zachary Johnson R.S.  
Public Health Sanitarian  
Bemidji  
218-308-2108  
zach.johnson@state.mn.us