



Protecting, Maintaining and Improving the Health of All Minnesotans

December 27, 2022

Licensee
Edgewood Brainerd Senior Living
14890 Beaver Dam Road
Brainerd, MN 56401

RE: Project Number(s) SL30411015

Dear Licensee:

On December 12, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the November 2, 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 15, 2022

Administrator
Edgewood Brainerd Senior Living
14890 Beaver Dam Road
Brainerd, MN 56401

RE: Project Number(s) SL30411015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on November 2, 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 - 0460 - 144g.41 Subdivision 1 - Minimum Requirements = \$3,000

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required = \$3,000

The total amount you are assessed is \$6,000. 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

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

Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
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REQUESTING A HEARING

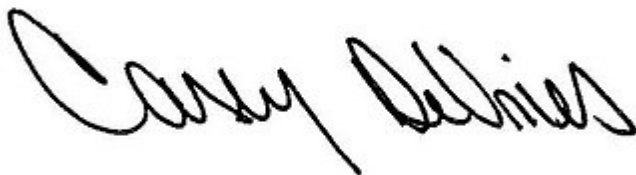
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for 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,



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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2022
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NAME OF PROVIDER OR SUPPLIER EDGEWOOD BRAINERD SENIOR LIVIN	STREET ADDRESS, CITY, STATE, ZIP CODE 14890 BEAVER DAM ROAD BRAINERD, MN 56401
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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: SL30411015-0</p> <p>On October 31, 2022, through November 2, 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 92 residents, all of whom received services under the provider's Assisted Living with Dementia Care license.</p> <p>An immediate correction order was identified on November 1, 2022, issued for SL30411015-0, tag identification 1290.</p> <p>On November 1, 2022, the immediacy of correction order 1290 was removed, however, non-compliance remained at a level 3, widespread violation.</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 License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</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 subd. 1, 2, and 3.</p>	
0 460 SS=I	144G.41 Subdivision 1 Minimum requirements	0 460		

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

Minnesota Department of Health

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0 460	<p>Continued From page 1</p> <p>(5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week;</p> <p>(6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract;</p> <p>(7) permit residents access to food at any time;</p> <p>(8) allow residents to choose the resident's visitors and times of visits;</p> <p>(9) allow the resident the right to choose a roommate if sharing a unit;</p> <p>(10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide a means for residents to request assistance for health and safety needs 24 hours a day, seven days a week, for six of six residents (R9, R3, R2, R4, R1, R5) residing in memory care.</p> <p>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).</p>	0 460		

Minnesota Department of Health

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0 460	<p>Continued From page 2</p> <p>The findings include:</p> <p>R9 R9 had diagnoses that included dementia and lumber spinal stenosis (narrowing of the opening in the lower spine causing lower back pain, weakness, or loss of sensation in the legs).</p> <p>On November 2, 2022, at 9:35 a.m., the surveyor observed unlicensed personnel (ULP)-I ambulate R9 to her room via wheelchair and assist R9 to get comfortable.</p> <p>R9's assessment dated October 27, 2022, indicated R9 required hands on care, assist of one for dressing, grooming, toileting, wheelchair ambulation, meals, and one to two staff for transfers and bathing. Upon admission, October 12, 2022, the licensee issued R9 a key for her to lock or unlock her apartment door.</p> <p>R9's progress note dated October 15, 2022, indicated R9 had a fall in her apartment resulting in a fracture of the left humerus (shoulder/upper arm).</p> <p>R9's progress note dated October 19, 2022, indicated R9 requested staff assistance for toileting services by "yelling for help."</p> <p>On November 2, 2022, at 10:56 a.m., the surveyor asked R9 how she requested staff assistance. R9 stated, "I call them", referencing a large keypad telephone located on a small table in the middle of R9's room next to a sitting chair. The surveyor asked R9 how she summons assistance if the phone call is not answered. R9 stated, " if I fell and couldn't get up, I'd just have to holler, I'd holler." ULP-I stated, "she can't get up on her own right now, she's pretty much full</p>	0 460		

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0 460	<p>Continued From page 3</p> <p>assist." The surveyor asked R9 how she would summon staff assistance if needed from her bed (phone located approximately 10 feet from bed), R9 stated, "I would just crawl." The surveyor asked if R9 knew what a call button was and if she would use one. R9 stated, "it's something you push for help and yea, yea, I would. That would be nice to have."</p> <p>R3 R3 had diagnoses that included dementia, chronic renal failure, and diabetes mellitus type II.</p> <p>R3's assessment dated October 28, 2022, indicated R3 may be unable to call for help and required supervision for safety.</p> <p>On November 1, 2022, at 7:40 a.m., the surveyor observed licensed practical nurse (LPN)-C administer R3's morning medications and conduct a glucose (sugar) check with a result of 139 milligrams per deciliter (mg/dl).</p> <p>On November 1, 2022, at 7:40 a.m., the surveyor and LPN-C observed R3 lying on the bed receiving assistance from ULP-E. R3 informed LPN-C he had rolled off the bed around 5:00 a.m., that morning and reported to LPN-C his toes were bruised on both feet. The surveyor and LPN-C observed R3's toes and a circular skin tear on R3's left outer elbow region, approximately the size of a nickel. R3 stated, "I would have called, but I couldn't find or reach my phone."</p> <p>R2 R2 had diagnoses that included chronic obstructive pulmonary disorder (COPD), cerebral infarction, and morbid obesity.</p>	0 460		

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0 460	<p>Continued From page 4</p> <p>R2's assessment dated October 10, 2022, indicated R2 required staff to provide hands on safety for bathing, dressing, undressing, and transfers/ambulation. R2 required oxygen set at 3 liters per minute (lpm) continuous via nasal cannula at rest and 4 lpm with activity.</p> <p>R2's progress note dated October 10, 2022, indicated R2 sustained a fall.</p> <p>On November 1, 2022, at 11:58 a.m., the surveyor asked R2 how she summoned assistance from staff following the fall on October 10, 2022. R2 stated, "I just yell until they come." The surveyor asked R2 if she would use a call button to summon assistance if she had one. R2 stated, "I'd love to have one, but they don't have anything like that."</p> <p>R4 R4 had diagnoses that included late onset Alzheimer's disease, hypoglycemia, and chronic diastolic heart failure.</p> <p>R4's assessment dated September 2, 2022, indicated R4 may not call for help, required an assist of one for transfers, escorts to and from meals daily, grooming, and toileting.</p> <p>On November 1, 2022, at 8:12 a.m., the surveyor observed LPN-C conduct a glucose (sugar) check with a result of 136 mg/dl and administer R4's morning medications.</p> <p>R1 R1 had diagnoses that included major neurocognitive disorder and heart failure with reduced ejection fraction (syndrome characterized by dyspnea or exertional limitation due to impairment of ventricular filling or ejection</p>	0 460		

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0 460	<p>Continued From page 5</p> <p>of blood or both).</p> <p>R1's assessment dated October 18, 2022, indicated R1 required two staff for toileting assistance, wheelchair ambulation with staff assistance, staff encouragement for meals, dressing, grooming, and bathing.</p> <p>On November 1, 2022, at 8:35 a.m., the surveyor observed ULP-D assist R1 with dressing, grooming, and wheelchair ambulation.</p> <p>R5 R5 had diagnoses that included late onset Alzheimer's disease, major depressive disorder, and hypertension (elevated blood pressure).</p> <p>On November 1, 2022, at 12:15 p.m., the surveyor observed LPN-C provide reminders and prompting for R5 to attend lunch.</p> <p>R5's assessment dated September 1, 2022, indicated R5 was safe in judgement, self-directed cares, required reminders/prompting for some activities of daily living (ADLs), however, was independent with most cares.</p> <p>On October 31, 2022, at approximately 3:00 p.m., the surveyor interviewed LPN-K pertaining to the lack of a system for memory care residents to request assistance for health and safety needs 24 hours a day, seven days a week. LPN-K stated, "As far as I know since February, that's why we do the safety checks. The half hour to two-hour safety checks are standard in place of a call pendant system."</p> <p>On November 1, 2022, at approximately 3:20 p.m., the surveyor interviewed registered nurse (RN)-L pertaining to the lack of a system for</p>	0 460		

Minnesota Department of Health

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0 460	<p>Continued From page 6</p> <p>memory care residents to request assistance for health and safety needs 24 hours a day, seven days a week. RN-L stated, "per my understanding it's our policy that call pendants wouldn't be used appropriately in memory care. For example, [R2], it could be a behavioral thing and she'd be ringing it constantly, but I would have to check, I don't know if it's our policy." The surveyor asked RN-L if she felt based on assessments and cognitive status, there were individuals within the memory care that would benefit from the use of a call system. RN-L stated, "probably there are a few, about 25% have room keys."</p> <p>On November 1, 2022, at approximately 3:50 p.m., the surveyor interviewed registered nurse case manager (RNCM)-J regarding the lack of a system for memory care residents to request assistance 24 hours a day, seven days a week for their health and safety. RNCM-J stated, "it's standard practice on admission to set up the safety checks, based on level of care. For a hospice or high fall risk, its every 30 minutes. For an individual with some memory lapses and they don't get around too much, we do one hour safety checks. For an individual that is very good, and on the go, and gets around a lot, those folks we do every two-hour safety checks." The surveyor asked RNCM-J, based on assessments and cognitive status, if she felt there were residents within the memory care that would benefit from a call system. RNCM-J stated, "yes, I can think of a few off the top of my head." The surveyor asked RNCM-J if she felt it was a dignity concern for residents to have to "holler" for staff assistance. RNCM-J stated, "I see where you are going with this, no, probably not."</p> <p>The licensee's Removable Community Property Contract dated June 2013, indicated emergency</p>	0 460		

Minnesota Department of Health

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0 460	Continued From page 7 response pendants are provided to residents when moving into an [facility name] community. The policy instructed that the pendants are for emergencies only and should a resident experience an emergency such as falling, chest pain, or dizziness, the pendant should be pushed immediately. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 460		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (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	0 480		

Minnesota Department of Health

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0 480	<p>Continued From page 8</p> <p>Food Code. This had the potential to affect all 92 residents.</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>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated October 31, 2022, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
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>	0 660		

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0 660	<p>Continued From page 9</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). The licensee failed to ensure screenings for health history, symptoms, and active TB (either a two-step tuberculin skin test (TST) or blood test) were completed and documented for one of four employees (unlicensed personnel (ULP)-H).</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>The facility's TB risk assessment, last updated September 22, 2022, determined the setting to be at a low risk level.</p> <p>ULP-H had a hire date of September 30, 2022, to provide direct care to licensee's residents. ULP-H's employee record lacked completion of the second step of a two-step TST or other evidence of TB screening such as a blood test.</p> <p>ULP-H's new hire checklist, dated September 30,</p>	0 660		

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0 660	<p>Continued From page 10</p> <p>2022, indicated a Mantoux (a two-step testing process for screening for TB) was not needed as the employee transferred from the licensee's separately licensed Edgewood Baxter location.</p> <p>On November 1, 2022, at 4:15 p.m., clinical nurse specialist (CNS)-B indicated ULP-H's file did not contain TB testing because she came from the Baxter location and did not feel they had to complete.</p> <p>The licensee's undated Tuberculosis screening policy indicated all new staff will be screened for active signs of TB and will have a two-step Mantoux conducted with results documented on the Baseline TB screening tool.</p> <p>The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients and a baseline TB screening should be documented in the employee's record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		

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0 780	Continued From page 11	0 780		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <ul style="list-style-type: none"> (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; <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that complied with fire protection requirements. 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</p>	0 780		

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0 780	<p>Continued From page 12</p> <p>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 November 1, 2022, between 10:15 a.m. and 12:45 p.m., survey staff toured the facility with environmental services (ES)-G and the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed that when smoke alarms in resident apartments were tested by ES-G, none of the other alarms within the dwelling unit were activated. During the facility tour interview, ES-G confirmed that smoke alarms were not interconnected within dwelling units so that actuation of one alarm caused all alarms in the dwelling unit to operate.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 780		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(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.</p> <p>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</p>	0 800		

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0 800	<p>Continued From page 13</p> <p>with regard to the health, safety, and well-being of the residents. 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 November 1, 2022, between 10:15 a.m. and 12:45 p.m., survey staff toured the facility with environmental services (ES)-G and the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed the following:</p> <p>1. Dementia Care Unit:</p> <ul style="list-style-type: none"> a. The electrical panel was not locked in resident apartment 228. b. Electrical panels were not provided with locks in resident apartments 215, 218, and 219. c. The common-use bathroom door was not locked, chemicals were stored in the cabinet below the sink. d. Chemicals were stored in an unlocked cabinet in the serving kitchen. <p>During the facility tour interview, ES-G and the LALD-A confirmed the findings.</p> <p>2. Assisted Living:</p> <ul style="list-style-type: none"> a. The bedroom smoke alarm test button was not working in resident apartment 152. b. An office door was missing the door closer. <p>On November 1, 2022, at approximately 2:50 p.m., during an interview with ES-G and the LALD-A, the findings were confirmed.</p> <p>No further information was provided.</p>	0 800		

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0 800	Continued From page 14	0 800		
01290 SS=I	<p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> <p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and a clearance received in affiliation with the assisted living with dementia care license for three of four employees (licensed practical nurse (LPN)-C) and (unlicensed personnel (ULP)-D and ULP-F).</p> <p>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</p>	01290	On Novemeber 1, 2022, the immediacy of correction order 1290 was removed, however, non-compliance remained at a level 3, widespread violation.	

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01290	<p>Continued From page 15</p> <p>are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>This resulted in an immediate order for correction on November 1, 2022.</p> <p>The findings include:</p> <p>LPN-C LPN-C was hired on January 26, 2012, under the licensee's former comprehensive home care license and began providing assisted living services to the licensee's residents on August 1, 2021.</p> <p>On November 1, 2022, at approximately 7:40 a.m., the surveyor observed LPN-C administer medications to R4.</p> <p>LPN-C's employee record contained a background study clearance, affiliated with the licensee's former comprehensive license, dated May 17, 2018.</p> <p>ULP-D ULP-D was hired on October 15, 2015, under the licensee's former comprehensive home care license and began providing assisted living services to the licensee's residents on August 1, 2021.</p> <p>On October 31, 2022, the surveyor observed ULP-D review medications in the assisted living medication cart.</p> <p>ULP-D's employee record contained a background study clearance, affiliated with the licensee's former comprehensive license, dated May 18, 2018.</p>	01290		

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01290	<p>Continued From page 16</p> <p>ULP-F ULP-F was hired on April 6, 2016, under the licensee's former comprehensive home care license and began providing assisted living services to the licensee's residents on August 1, 2021.</p> <p>On November 1, 2022, at approximately 8:53 a.m., the surveyor observed ULP-F documenting medication administration for R2.</p> <p>ULP-F's employee record contained a background study clearance, affiliated with the licensee's former comprehensive license, dated May 18, 2018.</p> <p>LPN-C, ULP-D, and ULP-F's employee records lacked evidence of current, cleared background studies affiliated with the licensee's current assisted living with dementia care license, effective August 1, 2021.</p> <p>On November 1, 2022, at 9:18 a.m., licensed assisted living director (LALD)-A stated the background studies for LPN-C, ULP-D, and ULP-F were under the former comprehensive license and licensee's business office director was working through updating background studies for the facility site. CNS-B stated the licensee's business office director resigned before the process was complete and the new business office director is in the process of completing background studies for the licensee's facilities. CNS-B stated they were aware of the background clearance issue.</p> <p>The licensee's Pre-Employment Background Checks policy, undated, indicated licensee complies with all state regulations for</p>	01290		

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01290	Continued From page 17 pre-employment background checks/studies required for all employees. Additionally, all new hires must have a completed background prior to having contact with residents. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	01290		
01640 SS=D	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 observation, interview, and record	01640		

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01640	<p>Continued From page 18</p> <p>review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of five residents (R9) residing in memory care.</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>R9's Service Plan lacked the inclusion of toileting, ambulation/exercise, transfer assistance, wheelchair ambulation and care labeled miscellaneous tasks (assistance with left arm sling/ice pack).</p> <p>R9 was admitted for services on October 12, 2022.</p> <p>R9's diagnoses included dementia, urinary incontinence, and lumbar spinal stenosis (narrowing of the opening in the lower spine which may result in lower back pain, weakness, or loss of sensation in the legs).</p> <p>R9's Service Plan dated October 12, 2022, indicated R9 required assistance with bathing, dressing, hygiene, compression stockings (TEDs), medication administration, safety checks, housekeeping, and laundry.</p> <p>R9's progress notes indicated on October 15, 2022, R9 had a fall with a diagnosis of left</p>	01640		

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01640	<p>Continued From page 19</p> <p>humerus fracture resulting in a higher acuity of cares and assistance needed.</p> <p>R9's change-in-condition reassessment dated October 15, 2022, included instruction to staff to provide assistance with sling placement and cut up foods as needed (PRN). A second reassessment dated October 27, 2022, instructed staff to provide assistance with getting in and out of bed, one to two person assistance with toileting, assistance of one to two persons for all transfers, and wheelchair ambulation.</p> <p>R9's orthopedic provider follow up note dated October 31, 2022, indicated R9's left arm was placed in a sling for immobilization, to avoid active or passive range of motion of the shoulder and R9 was mostly wheelchair bound post fall.</p> <p>On November 2, 2022, at 9:35 a.m., the surveyor observed unlicensed personnel (ULP)-I ambulate R9 to her room via wheelchair.</p> <p>On November 2, 2022, at 11:05 a.m., clinical nurse supervisor (CNS)-B stated R9's service plan should have been updated with the change in condition to reflect the current services provided.</p> <p>The licensee's Service Plan policy revised and dated August 2022, indicated service plans would be revised based on resident reassessments and monitoring.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01640		

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01890	Continued From page 20	01890		
01890 SS=E	<p>144G.71 Subd. 20 Prescription drugs</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, licensee failed to date time-sensitive medications with an opened-on date for three of ten residents (R5, R7, R9).</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 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).</p> <p>The findings include:</p> <p>On October 31, 2022, at approximately 10:30 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services for residents who received services.</p> <p>On October 31, 2022, at approximately 10:50 a.m., the surveyor reviewed medications in the locked medication cart located in the assisted living unit with unlicensed personnel (ULP)-D and the locked medication cart located in the memory</p>	01890		

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01890	<p>Continued From page 21</p> <p>care unit with licensed practical nurse (LPN)-C.</p> <p>R5 R5's Lantus Solostar insulin pen 100 units/milliliter (mL) lacked labels to indicate the date staff opened the insulin pen and when the pen would expire. Lantus manufacturer's instructions for the use of Lantus Solostar insulin pens dated December 2020 direct that insulin pens are to be kept for 28 days from the date of opening, then discarded.</p> <p>R7 R7's Tresiba Flextouch insulin pen 100 units/mL lacked labels to indicate the date staff opened the insulin pen and when the pen would expire. Tresiba manufacturer's instructions for the use of Tresiba Flextouch insulin pens dated July 2018 direct that Tresiba insulin pens are to be kept for 56 days from the date of opening, then discarded.</p> <p>R9 R9's Artificial tears polyvinyl alcohol 1.4% ophthalmic lubricant eyedrops lacked labels to indicate the date staff opened the eyedrops and when the eyedrops would expire. Remedi Senior Care Education dated 2019 instructs eyedrops are to be kept for 42 days from the date of opening, then discarded.</p> <p>On November 2, 2022, at approximately 2:45 p.m., clinical nurse supervisor (CNS)-B stated all time sensitive medications including the above noted time sensitive medications should be dated after opening with an open date and expiration date.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	01890		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2022
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NAME OF PROVIDER OR SUPPLIER EDGEWOOD BRAINERD SENIOR LIVIN	STREET ADDRESS, CITY, STATE, ZIP CODE 14890 BEAVER DAM ROAD BRAINERD, MN 56401
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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
01890	Continued From page 22 days	01890		
02040 SS=F	<p>144G.81 Subdivision 1 Fire protection and physical environment</p> <p>An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to provide a hazard vulnerability or safety risk assessment that included hazards identified on and around the property. Mitigation of property hazards to protect residents from harm was not included. 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 November 1, 2022, at approximately 1:15 p.m., documents were provided for review.</p>	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2022
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NAME OF PROVIDER OR SUPPLIER EDGEWOOD BRAINERD SENIOR LIVIN	STREET ADDRESS, CITY, STATE, ZIP CODE 14890 BEAVER DAM ROAD BRAINERD, MN 56401
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02040	<p>Continued From page 23</p> <p>Documents were reviewed by survey staff on November 1, 2022, between 1:50 p.m. and 2:45 p.m. The hazard vulnerability assessment did not include hazards or safety risks identified on and around the property. The assessment did not include mitigation of property hazards to protect residents from harm.</p> <p>On November 1, 2022, at approximately 2:50 p.m., during an interview with ES-G and the LALD-A, the findings were confirmed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	02040		

Type: Full
Date: 10/31/22
Time: 11:47:39
Report: 1017221237

Food and Beverage Establishment Inspection Report

Page 1

Location:

Edgewood Vista Brainerd
14890 Beaver Dam Road
Brainerd, MN56401
Crow Wing County, 18

Establishment Info:

ID #: 0018501
Risk: High
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Edgewood Brainerd Senior Livin
Phone #: 2188283691
ID #: 25232

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.

6-200 Physical Facility Design and Construction

6-201.11A

MN Rule 4626.1335A Design, construct, and install floors, floor coverings, walls, wall coverings, and ceilings to be smooth and easily cleanable.

NEW QUARRY TILE FLOORING WAS INSTALLED IN DISH ROOM OF MAIN KITCHEN,
FLOOR-WALL JUNCTION WAS NOT COVERED. COVE WALLS TO ELIMINATE FLOOR-WALL GAP.

Comply By: 04/25/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

OBSERVED FOOD DEBRIS UNDER EQUIPMENT ON THE COOK LINE. CLEAN THE FLOORING
UNDER THE EQUIPMENT.

Comply By: 11/21/22

Surface and Equipment Sanitizers

Hot Water: = at 165 Degrees Fahrenheit
Location: DISH MACHINE MEMORY CARE
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit
Location: DISH MACHINE ASSISTED LIVING
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 181 Degrees Fahrenheit - Location: PORK RIBS LOCATED IN STEAM TABLE MEMORY
KITCHEN

Type: Full
Date: 10/31/22
Time: 11:47:39
Report: 1017221237
Edgewood Vista Brainerd

Food and Beverage Establishment Inspection Report

Violation Issued: No

Process/Item: Hot Holding

Temperature: 154 Degrees Fahrenheit - Location: POTATO LOCATED IN STEAM TABLE MEMORY CARE KITCHEN

Violation Issued: No

Process/Item: Hot Holding

Temperature: 175 Degrees Fahrenheit - Location: BEANS LOCATED IN STEAM TABLE MEMORY CARE KITCHEN

Violation Issued: No

Process/Item: Cold Holding

Temperature: 42 Degrees Fahrenheit - Location: MILK LOCATED IN UPRIGHT COOLER MEMORY CARE KITCHEN

Violation Issued: No

Process/Item: Cold Holding

Temperature: 38 Degrees Fahrenheit - Location: TOMATOES LOCATED IN PREP TOP MAIN KITCHEN

Violation Issued: No

Process/Item: Cold Holding

Temperature: 36 Degrees Fahrenheit - Location: TOMOATOES LOCATED IN WALK-IN-COOLER

Violation Issued: No

Process/Item: Cold Holding

Temperature: 36 Degrees Fahrenheit - Location: BURGER LOCATED IN WALK-IN-COOLER

Violation Issued: No

Process/Item: Hot Holding

Temperature: 183 Degrees Fahrenheit - Location: BBQ PORK LOCATED IN STEAM TABLE MAIN KITCHEN

Violation Issued: No

Process/Item: Hot Holding

Temperature: 181 Degrees Fahrenheit - Location: PORK RIBS LOCATED IN STEAM TABLE MAIN KITCHEN

Violation Issued: No

Process/Item: Hot Holding

Temperature: 180 Degrees Fahrenheit - Location: SOUP LOCATED IN SOUP WARMER DINING ROOM

Violation Issued: No

Process/Item: Cold Holding

Temperature: 38 Degrees Fahrenheit - Location: MILK LOCATED ON SERVING LINE MAIN KITCHEN

Violation Issued: No

Type: Full
Date: 10/31/22
Time: 11:47:39
Report: 1017221237
Edgewood Vista Brainerd

Food and Beverage Establishment Inspection Report

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

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 1017221237 of 10/31/22.

Certified Food Protection Manager: ASHLEY D. KVISTAD

Certification Number: FM 79307 Expires: 06/23/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed:  _____
NATE TOPP
PUBLIC HEALTH SANITARIAN
ST. CLOUD
320.223.7333
NATE.TOPP@STATE.MN.US

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pools & Lodging Services
 P.O. BOX 64975
 ST. PAUL, MN 55164-0975

No. of RF/PHI Categories Out	0	Date	10/31/22
No. of Repeat RF/PHI Categories Out	0	Time In	11:47:39
Legal Authority MN Rules Chapter 4626		Time Out	

Edgewood Vista Brainerd	Address 14890 Beaver Dam Road	City/State Brainerd, MN	Zip Code 56401	Telephone 2188283691
License/Permit # 0018501	Permit Holder Edgewood Brainerd Senior Livin	Purpose of Inspection Full	Est Type	Risk Category H

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

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

Food Recalls:

Person in Charge (Signature)

Date: 11/01/22

Inspector (Signature)