



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 16, 2024

Licensee
Milaca Elim Meadows Assisted Living
740 2nd Street Southeast
Milaca, MN 56353

RE: Project Number(s) SL30529015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a SURVEY on January 9, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the SURVEY, the MDH noted no 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 no violations. The MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads 'Kelly Thorson'.

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2024
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NAME OF PROVIDER OR SUPPLIER MILACA ELIM MEADOWS ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 740 2ND STREET SE MILACA, MN 56353
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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
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0 000	<p>Initial Comments</p> <p>*****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: SL30529015-0</p> <p>On January 8, 2024, through January 9, 2024, the Minnesota Department of Health conducted a survey at the above provider. At the time of the survey, there were 29 residents receiving services under the Assisted Living license. As a result of the survey, the licensee was found to be in significant compliance with the assisted living statutes 144G.08 through 144G.9999.</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>	
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health
Food, Pools & Lodging Services
P.O. BOX 64975
ST. PAUL, MN 55164-0975
651-201-4500

Type: Full
Date: 01/08/24
Time: 01:29:26
Report: 1017241003

Food and Beverage Establishment Inspection Report

Page 1

Location:

Milaca Elim Meadows Assisted L
740 2nd Street Se
Milaca, MN56353
Mille Lacs County, 48

Establishment Info:

ID #: 0038855
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3209836386
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit
Location: QUAT LOCATED IN SPRAY BOTTLE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: MILK LOCATED IN UPRIGHT COOLER SERVING KITCHEN
Violation Issued: No

Process/Item: Time/Temp (HAACP)
Temperature: 130 Degrees Fahrenheit - Location: 20 MINNUTES PLATED PORK IN ROLLING CAMBRO
Violation Issued: No

Process/Item: Time/Temp (HAACP)
Temperature: 125 Degrees Fahrenheit - Location: 20 MINNUTES PLATED PORK IN ROOLING CAMBRO
Violation Issued: No

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

THIS ESTABLISHMENT SERVES FOOD THAT IS PREPARED AND PLATED AT THE NURSING HOME. THE FOOD IS BROUGHT OVER IN A ROLLING CAMBRO.

ALL DISHES ARE ALSO WASHED AT THE NURSING HOME KITCHEN.

Type: Full
Date: 01/08/24
Time: 01:29:26
Report: 1017241003
Milaca Elim Meadows Assisted L

Food and Beverage Establishment Inspection Report

DISCUSSION:

AVOID BARE HAND CONTACT WITH READY TO EAT FOOD, EMPLOYEE ILLNESS LOG, HAND WASHING.

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 1017241003 of 01/08/24.

Certified Food Protection Manager: DAWN M. MADEMA

Certification Number: FM 115099 Expires: 02/02/26

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

Report #: 1017241003

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: 01/08/24

No. of Repeat RF/PHI Categories Out: 0

Time In: 01:29:26

Legal Authority MN Rules Chapter 4626

Time Out

Milaca Elim Meadows Assisted L	Address 740 2nd Street Se	City/State Milaca, MN	Zip Code 56353	Telephone 3209836386
License/Permit # 0038855	Permit Holder	Purpose of Inspection Full	Est Type	Risk Category

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	COS	R	Compliance Status	COS	R
Supervision			Time/Temperature Control for Safety		
1	<input checked="" type="radio"/>		18		
2	<input checked="" type="radio"/>		19		
Employee Health			Consumer Advisory		
3	<input checked="" type="radio"/>		20		
4	<input checked="" type="radio"/>		21		
5	<input checked="" type="radio"/>		22		
Good Hygienic Practices			Highly Susceptible Populations		
6	<input checked="" type="radio"/>		23		
7	<input checked="" type="radio"/>		24		
Preventing Contamination by Hands			Food and Color Additives and Toxic Substances		
8	<input checked="" type="radio"/>		25		
9	<input checked="" type="radio"/>		26		
10	<input checked="" type="radio"/>		27		
Approved Source			Conformance with Approved Procedures		
11	<input checked="" type="radio"/>		28		
12			29		
13	<input checked="" type="radio"/>		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.		
14					
Protection from Contamination					
15	<input checked="" type="radio"/>				
16	<input checked="" type="radio"/>				
17	<input checked="" type="radio"/>				

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	COS	R	Compliance Status	COS	R
Safe Food and Water			Proper Use of Utensils		
30			43		
31			44		
32			45		
Food Temperature Control			Utensil Equipment and Vending		
33			46		
34			47		
35			48		
36			49		
Food Identification			Physical Facilities		
37			50		
Prevention of Food Contamination			51		
38			52		
39			53		
40			54		
41			55		
42			56		
			57		
			58		

Food Recalls:

Person in Charge (Signature)

Date: 01/09/24

Inspector (Signature)