

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,



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

PMB

An equal opportunity employer.

Letter ID: IS7N REVISED

09/13/2021

PRINTED: 01/16/2024 FORM APPROVED

Minnesota Department of Health

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		30529	B. WING		01/09/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
MILACA	ELIM MEADOWS AS	SISTED L	STREET SE		
		MILACA,	MN 56353		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
0 000	Initial Comments		0 000		
	*****ATTENTION*****			Minnesota Department of Health is documenting the State Licensing	S
	ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)			Correction Orders using federal so Tag numbers have been assigned Minnesota State Statutes for Assis	to
		Minnesota Statutes, section		Living License Providers. The ass too number appears in the far left	signed

144G.08 to 144G.95, these correction orders are issued pursuant to a survey.

Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.

INITIAL COMMENTS: SL30529015-0

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. 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.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.

The letter in the left column is used for tracking purposes and reflects the scope

		tracking purposes and reflects the scop and level issued pursuant to 144G.31 subd. 1, 2, and 3.	e
Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN/	IATURE	TITLE	(X6) DATE
STATE FORM	899 8	ZT011 If cor	ntinuation sheet 1 of 1

DEPA OF H	RTM	

Minnesota Department of Health Food, Pools & Lodging Services P.O. BOX 64975 ST. PAUL, MN 55164-0975 651-201-4500

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

Food and Beverage Establishment **Inspection Report**

Location:

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

License Categories:

ſ	– Establishment In fo:	_
	ID #: 0038855 Risk: Announced Inspection: No	

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Expires on: / /

Phone #: 3209836386 **ID** #:

Operator:

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:FullForDate:01/08/24ForTime:01:29:26Report:1017241003Milaca 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.

Signed:

Certified Food Protection Manager<u>DAWN M. MADEMA</u>

Certification Number: <u>FM 115099</u> Expires: <u>02/02/26</u>

Inspection report reviewed with person in charge and emailed.

Signed:

Establishment Representative

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

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	Minnesota Department of Health			No. of I	0 Date	01/08/24		
	Food, Pools & L P.O. BOX 64975	odging Services		No. of I	Repeat RF/PHI Cat	egories Out	0 Time In	01:29:26
DEPARTMENT OF HEALTH	ST. PAUL, MN 5			Legal A	uthority MN Rules	s Chapter 4626	Time Out	
Milaca Elim Meadow	s Assisted L	Address		City/State	-	Zip Code	Telephone	
		740 2nd Street Se		Milaca, MN		56353	3209836386	
License/Permit # 0038855		Permit Holder		Purpose of Ins Full	spection	Est Type	Risk Categ	ory
	FOOD	BORNE ILLNESS RISK FAC	TORS A	ND PUBLIC H	EALTH INTER	VENTIONS	•	
Circle des	ignated compliance st	atus (IN, OUT, N/O, N/A) for each numbered	item		Mar	k ''X'' in appropriate box	c for COS and/or R	
IN= in compliance	OUT= not in cor	npliance N/O= not observed	N/A= no	ot applicable	COS=corrected o	n-site during inspection	R= repeat	violation
Compliance St	tatus		COS R	Complian	ce Status			COS
		Surpervision			Time/Te	emperature Contro	I for Safety	
	PIC knowledgea	ble; duties & oversight		18 IN OUT N	A N/O Proper coo	king time & tempera	ature	
2 IN OUT N/A	Certified food pro	otection manager, duties		19 IN OUT N	ANO Proper reh	eating procedures fo	or hot holding	
	E	mployee Health		20 IN OUT N	ANO Proper coo	ling time & tempera	ture	
		ledge,responsibilities&reporting		21 IN OUT N	A N/O Proper hot	holding temperature	es	
		oorting, restriction & exclusion		22 IN OUT N		holding temperatur		
		esponding to vomiting & diarrheal		23 IN OUT N	\sim	e marking & disposit		
	events Good	Hygenic Practices		24 IN OUT N		2005 B.	: procedures & record	s
		sting, drinking, or tobacco use				onsumer Advisory		
		m eyes, nose, & mouth		25 IN OUT N	>		or raw/undercooked fo	od
	1	Contamination by Hands	1			Susceptible Popula	2000	
8 IN) OUT N/	O Hands clean & p			26 IN OUT N	A Pasteurize	d foods used; prohit	pited foods not offered	
\vee	No haro hand or	ntact with DTE foods or pro approved			Food and	Color Additives an	nd Toxic Substances	ł
	O alternate pproce	dure properly followed		27 IN OUT N	A Food additi	ives: approved & pro	operly used	
	Adequate handv	vashing sinks supplied/accessible			Toxic subs	tances properly ider	ntified, stored, & used	
		proved Source			Conforman	ce with Approved	Procedures	
		om approved source		29 IN OUT N	A Compliance	e with variance/spec	cialized process/HAC	CP
12 IN OUT N/A N/C	Food received at	proper temperature						t.
	Food in good cor	ndition, safe, & unadulterated						
		s available; shellstock tags,						
	Paraene accuraci						s identified as the mo	
	-	from Contamination				dborne illness or injuent foodborne illness	or injury.	erventio
	O Food separated	and protected						
IG IN OUT N/A	Food contact sur	faces: cleaned & sanitized						
	Proper dispositio reconditioned, &	n of returned, previously served, unsafe food						
	•	GOO	D RETA	IL PRACTICE	S			
Go	od Retail Practice	s are preventative measures to control	the additio	on of pathogens, cł	emicals, and physic	cal objects into food	S.	
Mark "X" in box if n	umbered item is n e	ot in compliance Mark "X"	in appropr	iate box for COS a	nd/or R cos	S=corrected on-site du	ring inspection R= rep	eat violat
			COS R					COS
	Safe Food a	nd Water			Pro	per Use of Utensil	s	
30 IN OUT NA) Pasteurized eg	gs used where required		43 In-u	se utensils: properly	/ stored		
		an approved source		44 Uter	nsils, equipment & li	inens: properly store	ed, dried, & handled	
				45 Sing	le-use/sinale servic	e articles: properly s	stored & used	
32 IN OUT N/A	Variance obtain	ed for specialized processing methods			es used properly			
	Food Tempera	ture Control		Giu	• • •	Equipment and Ve	anding	
Proper co		d; adequate equipment for		E E C C		ct surfaces cleanable	-	
33 temperatu	•	-,				JI SUITAGES GEdildDI)

Inspector (Signature)						
Person in Charge (Signature)				Date: 01/09/24		
Food Recalls:			58	Compliance with licensing & plan review		
42	42 Washing fruits & vegetables			Compliance with MCIAA		
41			56	Adequate ventilation & lighting; designated areas used		
		55	Physical facilities installed, maintained, & clean			
40			54	Garbage & refuse properly disposed; facilities maintained		
39		Contamination prevented during food prep, storage & display	53	Toilet facilities: properly constructed, supplied, & cleaned		
Prevention of Food Contamination 38 Insects, rodents, & animals not present		52	Sewage & waste water properly disposed			
57	37 Food properly labled; original container		51	Plumbing installed; proper backflow devices		
27		Food Identification	50	Hot & cold water available; adequate pressure		
36 Thermometers provided & accurate			50	Physical Facilities		
35	IN	OUT N/A Approved thawing methods used	49	Non-food contact surfaces clean		
34	IN	OUT N/A N/O Plant food properly cooked for hot holding	48	Warewashing facilities: installed, maintained, & used; test strips		
33		temperature control	47	designed, constructed, & used		