



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 11, 2023

Licensee
Regent at Burnsville
14500 Regent Lane
Burnsville, MN 55306

RE: Project Number(s) SL23217015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 7, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH 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 MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted 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).

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CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) 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 MDH within 15 calendar days of the correction order receipt date.

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

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

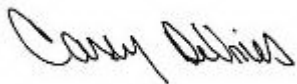
Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2023
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NAME OF PROVIDER OR SUPPLIER REGENT AT BURNSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 REGENT LANE BURNSVILLE, MN 55306
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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 the Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL23217015-0</p> <p>On June 5, 2023, through June 7, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 153 active residents: 68 of whom received services under the Assisted Living/Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State 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>	
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p>	0 480		

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

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0 480	<p>Continued From page 1</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.</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 June 5, 2023, 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,</p>	0 660		

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0 660	<p>Continued From page 2</p> <p>contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (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 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 a history screening and testing result for one of three employees (registered nurse (RN)-C).</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>RN-C began employment with the licensee on January 25, 2023.</p> <p>RN-C's employee record lacked documented evidence of required Baseline Screening Tool for Healthcare Personnel and required TB testing by blood test or tuberculin skin testing.</p> <p>On June 5, 2023, at 3:30 p.m., clinical nurse supervisor (CNS)-B stated licensee's TB testing</p>	0 660		

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0 660	<p>Continued From page 3</p> <p>switched from two-step testing to blood test testing in May 2023, and was unsure why RN-C was missing a TB screening and testing at time of hire.</p> <p>The licensee's Infection Control policy dated September 27, 2022, indicated each staff person at time of hire and prior to any contact with residents would be screened and tested for TB.</p> <p>The Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013 noted training was required at the time of hire and included: pathogenesis, signs symptoms, and the licensee's infection control plan. In addition, baseline screening for all health care workers (HCW) included a history and symptom screen and testing for the presence of TB infection.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 800 SS=D	<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</p>	0 800		

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0 800	<p>Continued From page 4</p> <p>failed to maintain 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. This deficient condition had the ability to affect a limited number of staff and 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 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>Findings include:</p> <p>On facility tour with the Licensed Assisted Living Director (LALD)-A and Maintenance (M)-F between approximately 11:30 AM and 3:30 PM on June 6, 2023, it was observed that the trash chutes (2) were missing their fusible links at the collection receptacles in the trash room. These are required as part of the fire rated shaft assembly and must be tested to ensure operability. This deficient condition was visually verified by LALD-A and M-F accompanying on the tour.</p> <p>Additionally, within the memory care area of the facility, it was observed that potentially dangerous utensils were kept in an unsecured drawer within the kitchen. This deficient condition was visually verified by LALD-A and M-F accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		

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0 900 SS=F	<p>144G.50 Subdivision 1 Contract required</p> <p>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.</p> <p>(b) The contract must contain all the terms concerning the provision of:</p> <p>(1) housing;</p> <p>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and</p> <p>(3) the resident's service plan, if applicable.</p> <p>(c) A facility must:</p> <p>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and</p> <p>(2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written contract with the required content for all residents of the assisted living with dementia care facility.</p>	0 900		

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0 900	<p>Continued From page 6</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 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> <p>The findings include:</p> <p>Licensee's Current Resident Roster dated June 5, 2023, indicated R2 and R7, a married couple, resided at the assisted living facility with dementia care (ALFDC). The roster indicated R2 received medication management and blood glucose monitoring and R7 was a housing only resident and did not receive services.</p> <p>R2 and R7 admitted to the licensee May 4, 2022.</p> <p>R7's record lacked a signed assisted living contract.</p> <p>R2's record included an assisted living contract identifying both R2 and R7, dated as effective May 24, 2022.</p> <p>R2 and R7 did not have their own contracts. R2 and R7's record lacked individual contracts as required.</p> <p>On June 6, 2023, at 11:40 a.m., licensed assisted living director (LALD)-A stated R2 and R7 have signed one contract for both residents. LALD-A stated because R7 did not receive services, they believed the licensee could have one contract for both residents. Also, LALD-A stated other couples</p>	0 900		

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0 900	Continued From page 7 who were living together in the facility signed one contract as well. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
0 970 SS=C	144G.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 the health, safety, or personal property of a resident. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident 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 potential to affect a large portion or all of the residents). The findings include:	0 970		

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0 970	<p>Continued From page 8</p> <p>On June 5, 2023, at 12:00 p.m., licensed assisted living director (LALD)-A provided licensee's admission packet and stated all residents receive the admission packet upon the date of move-in. LALD-A stated all residents used the licensee's blank assisted living contract.</p> <p>Page 10 section 17, the licensee's contract included Indemnification clause which indicated "Resident agrees that Provider is not responsible for any loss or damage to Resident's personal property due to any reason or cause, including theft, other than provider's own negligence. Resident further agrees that provider is not responsible for damage to resident's personal property due to fire, water, tornado or other act of nature and events beyond provider's control".</p> <p>On June 6, 2023, at 11:40 a.m., LALD-A confirmed the licensee's blank assisted living contract included the above content, and stated the same contract was utilized for all residents at the facility.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 970		
01620 SS=D	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p>	01620		

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01620	<p>Continued From page 9</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted ongoing resident monitoring and reassessment 14 calendar days from the initial assessment for one of five residents (R3).</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>R3 admitted to the licensee August 31, 2022, and had diagnoses to include anxiety and</p>	01620		

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01620	<p>Continued From page 10</p> <p>hypertension. R3 was a housing only resident and did not receive assisted living services upon admission.</p> <p>R3's Regent at Burnsville Comprehensive Assessment dated March 20, 2023, indicated change of services assessment from Independent Living to Assisted Living. R3's record lacked documentation a RN completed reassessment and monitoring no more than 14 calendar days after initiation of services.</p> <p>On June 6, 2023, at 2:55 p.m., clinical nurse supervisor (CNS)-B acknowledged R3's record lacked reassessment within 14 days from the initial assessment.</p> <p>The licensee's Initial, Ongoing and Change in Condition Assessment-Evaluation of Residents-AL MN policy revised January 1, 2023, indicated "A RN will coordinate the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required: Admission Assessment, 14-day assessment: completed up to 14-days after start of services, ongoing assessment: completed periodically but no less than every 90- days, and change in resident condition".</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		
01780 SS=D	<p>144G.71 Subd. 10 Medication management for residents who will</p> <p>(a) An assisted living facility that is providing medication management services to the resident</p>	01780		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2023
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NAME OF PROVIDER OR SUPPLIER REGENT AT BURNSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 REGENT LANE BURNSVILLE, MN 55306
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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
01780	<p>Continued From page 11</p> <p>must develop and implement policies and procedures for giving accurate and current medications to residents for planned or unplanned times away from home according to the resident's individualized medication management plan. The policies and procedures must state that:</p> <p>(1) for planned time away, the medications must be obtained from the pharmacy or set up by the licensed nurse according to appropriate state and federal laws and nursing standards of practice;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to set up medications by a pharmacy or licensed nurse for a resident having a planned time away for one of one resident (R6).</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>R6 admitted to the licensee September 8, 2021.</p> <p>R6's Resident Plan of Care dated June 7, 2023, identified by clinical nurse supervisor (CNS)-B as R6's current service plan, indicated R6 received medication administration.</p> <p>R6's Medication Sheet dated June 2023,</p>	01780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2023
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NAME OF PROVIDER OR SUPPLIER REGENT AT BURNSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 REGENT LANE BURNSVILLE, MN 55306
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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
01780	<p>Continued From page 12</p> <p>indicated on June 6, 2023, R6 was out of the building and four medications were sent with family which included the following:</p> <ul style="list-style-type: none"> - Acetaminophen 500mg (pain reliever); - Carbidopa/Levodopa 25-100mg (combination medicine to treat symptoms of Parkinson's); - Diclofenac Gel 1% (relieve joint pain from arthritis); and - Trihexyphenidyl 2mg (treat symptoms of Parkinson's). <p>On June 6, 2023, at approximately 9:00 a.m., surveyor observed an unidentified staff member remind unlicensed personnel (ULP)-E to prepare medications for R6, as R6 was leaving the facility with a family member and would return around 4:00 p.m. ULP-E proceeded to remove three of R6's medications from medication bubble packs and placed the medications in three separate medication envelopes. ULP-E then labeled the envelopes with the times to correspond with the medications administration times (12:00 p.m. and 2:00 p.m.) and handed the envelopes to R6's family member.</p> <p>On June 6, 2023, at 1:00 p.m., CNS-B stated ULP-E should have called the registered nurse to prepare medications for R6's planned time away, and being day shift, nurses were available.</p> <p>The licensee's policy Preparing Medications for Resident who will be Away From Home dated November 10, 2021, indicated a licensed nurse or pharmacist must set up medications for planned times away and medication containers would be labeled with the resident name, date, and time the medications are administered.</p> <p>No further information provided.</p>	01780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2023
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NAME OF PROVIDER OR SUPPLIER REGENT AT BURNSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 REGENT LANE BURNSVILLE, MN 55306
---	--

(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
01780	Continued From page 13 TIME PERIOD FOR CORRECTION: Seven (7) days	01780		



Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164
651-201-4500

Type: Follow-Up
Date: 06/07/23
Time: 07:22:32
Report: 7963231041

Food and Beverage Establishment Inspection Report

Page 1

Location:

Regent At Burnsville
14500 Regent Lane
Burnsville, MN55306
Dakota County, 19

Establishment Info:

ID #: 0038704
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528981910
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 previously issued on 06/05/23 have NOT been corrected.

4-600 Cleaning Equipment and Utensils

4-602.11E

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

MOLD FOUND IN ICE MAKER BIN. CLEAN AND SANITIZE.

Issued on: 06/05/23

Comply By: 06/05/23

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: EGG SALAD

Temperature: 41 Degrees Fahrenheit - Location: PREP COOLER

Violation Issued: No

Process/Item: CKD BURGERS

Temperature: 40 Degrees Fahrenheit - Location: PREP COOLER

Violation Issued: No

Type: Follow-Up
Date: 06/07/23
Time: 07:22:32
Report: 7963231041
Regent At Burnsville

Food and Beverage Establishment Inspection Report

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

THIS IS A FOLLOW UP INSPECTION AFTER INITIAL FULL INSPECTION WAS COMPLETED ON 6/6/23.

MET WITH RICCO MEJIA AND VICKI TOBROXEN.

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 7963231041 of 06/07/23.


Certified Food Protection Manager: Ricco Mejia

Certification Number: FM 42126 Expires: 03/26/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Vicki Tobroxen
Ex Dir of Housing

Signed: 

Peggy Spadafore
Sanitarian Supervisor
metro
651-201-4500
peggy.spadafore@state.mn.us



Type: Full
Date: 06/05/23
Time: 11:59:47
Report: 7963231039

Food and Beverage Establishment Inspection Report

Page 1

Location:

Regent At Burnsville
14500 Regent Lane
Burnsville, MN55306
Dakota County, 19

Establishment Info:

ID #: 0038704
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528981910
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.

3-500B Microbial Control: hot and cold holding

3-501.16A2

**** Priority 1 ****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

LINE PREP COOLER- MULTIPLE FOOD ITEM TEMPERATURES REGISTERED ABOVE 41 DEG F. TCS FOODS WERE DISCARDED AT TIME OF INSPECTION.

Comply By: 06/05/23

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

LINE PREP COOLER RUNNING ABOVE 41 DEG F. REPAIR/ADJUST/REPLACE.

Comply By: 06/05/23

4-600 Cleaning Equipment and Utensils

4-602.11E

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

MOLD FOUND IN ICE MAKER BIN. CLEAN AND SANITIZE.

Type: Full
Date: 06/05/23
Time: 11:59:47
Report: 7963231039
Regent At Burnsville

Food and Beverage Establishment Inspection Report

Comply By: 06/05/23

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: SANI BUCKET-KITCHEN
Violation Issued: No

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: SANI BUCKET MEM CARE
Violation Issued: No

Hot Water: = at 162 Degrees Fahrenheit
Location: KITCHEN
Violation Issued: No

Food and Equipment Temperatures

Process/Item: LASAGNA
Temperature: 39 Degrees Fahrenheit - Location: WALKIN
Violation Issued: No

Process/Item: SOUP
Temperature: 56 Degrees Fahrenheit - Location: WALKIN-COOLING AFTER TWO HOURS
Violation Issued: No

Process/Item: PIZZA
Temperature: 39 Degrees Fahrenheit - Location: WALKIN
Violation Issued: No

Process/Item: CKD BURGERS
Temperature: 49 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: Yes

Process/Item: EGG SALAD
Temperature: 44 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: Yes

Process/Item: CKD CHICKEN
Temperature: 44 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: Yes

Process/Item: MILK
Temperature: 41 Degrees Fahrenheit - Location: 2 DOOR COOLER
Violation Issued: No

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

MET WITH VICKI TROBROXEN AND RICCO MEJIA. DISCUSSED THE FOLLOWING-

- EMPLOYEE ILLNESS POLICY AND LOG
- REPORTABLE DISEASES
- COLD HOLDING
- COOLING

Type: Full
Date: 06/05/23
Time: 11:59:47
Report: 7963231039
Regent At Burnsville

Food and Beverage Establishment Inspection Report

-SUSCEPTIBLE POPULATIONS

THIS INSPECTION WAS COMPLETED IN CONJUNCTION WITH A HRD SURVEY.
HRD SURVEYOR PRESENT WAS CARL SAMROCK.

THIS FACILITY HAS A MAIN KITCHEN AND DINING ROOM ALONG WITH TWO MEMORY CARE SERVING KITCHENS (108 AND 208) WHERE FOOD IS BROUGHT FROM THE MAIN KITCHENS AND SERVED IN THE MEMORY UNITS. ALL FOOD AND DISHES ARE BROUGHT BACK TO THE MAIN KITCHEN FOR STORAGE AND CLEANING/SANITIZING.

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 7963231039 of 06/05/23.


Certified Food Protection Manager: Richard Mejia

Certification Number: FM42126 Expires: 03/06/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Vicki Tobroxen
Ex. Director of Housing

Signed: 

Peggy Spadafore
Sanitarian Supervisor
metro
651-201-4500
peggy.spadafore@state.mn.us

Report #: 7963231039

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164

No. of RF/PHI Categories Out

2

Date 06/05/23

No. of Repeat RF/PHI Categories Out

0

Time In 11:59:47

Legal Authority MN Rules Chapter 4626

Time Out

Regent At Burnsville

Address

14500 Regent Lane

City/State

Burnsville, MN

Zip Code

55306

Telephone

9528981910

License/Permit #
0038704

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

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	IN OUT N/A N/O		
Proper cooking time & temperature			
19	IN OUT N/A N/O		
Proper reheating procedures for hot holding			
20	IN OUT N/A N/O		
Proper cooling time & temperature			
21	IN OUT N/A N/O		
Proper hot holding temperatures			
22	IN OUT N/A		
Proper cold holding temperatures			
23	IN OUT N/A N/O		
Proper date marking & disposition			
24	IN OUT N/A N/O		
Time as a public health control: procedures & records			
Consumer Advisory			
25	IN OUT N/A		
Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations			
26	IN OUT N/A		
Pasteurized foods used; prohibited foods not offered			
Food and Color Additives and Toxic Substances			
27	IN OUT N/A		
Food additives: approved & properly used			
28	IN OUT		
Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures			
29	IN OUT 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		COS	R
Safe Food and Water			
30	IN OUT N/A		
Pasteurized eggs used where required			
31			
Water & ice obtained from an approved source			
32	IN OUT N/A		
Variance obtained for specialized processing methods			
Food Temperature Control			
33			
Proper cooling methods used; adequate equipment for temperature control			
34	IN OUT N/A N/O		
Plant food properly cooked for hot holding			
35	IN OUT N/A N/O		
Approved thawing methods used			
36			
Thermometers provided & accurate			
Food Identification			
37			
Food properly labeled; original container			
Prevention of Food Contamination			
38			
Insects, rodents, & animals not present			
39			
Contamination prevented during food prep, storage & display			
40			
Personal cleanliness			
41			
Wiping cloths: properly used & stored			
42			
Washing fruits & vegetables			

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

Food Recalls:

Person in Charge (Signature)

Date: 06/06/23

Inspector (Signature)