

Electronically Delivered

April 12, 2023

Licensee
Emerald Crest of Minnetonka
13417 Lake Street Extension
Minnetonka, MN 55305

RE: Project Number(s) SL20705015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on March 24, 2023, 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.

LICENSING ORDERS

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 . . ."

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 evaluation of your facility.**

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

Emerald Crest of Minnetonka

April 12, 2023

Page 2

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 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 this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor
State Rapid Response Team / State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 64970 / P.O. Box 3879
St. Paul, MN 55164-0970 / 55101-3879
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-215-6894 / 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2023
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NAME OF PROVIDER OR SUPPLIER EMERALD CREST OF MINNETONKA	STREET ADDRESS, CITY, STATE, ZIP CODE 13417 LAKE STREET EXTENSION MINNETONKA, MN 55305
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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>*****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: SL20705015</p> <p>On March 21, 2023 through March 23, 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 twenty-nine active residents receiving services under the Assisted Living Dementia Care license.</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>	
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the</p>	0 480		

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

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all residents in the Assisted Living Dementia Care facility.</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 March 21, 2023, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
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>	0 780		

Minnesota Department of Health

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0 780	<p>Continued From page 2</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code: (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> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that are interconnected so that actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all 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, 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</p>	0 780		

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0 780	Continued From page 3 a large portion or all of the residents). Findings include: On March 23, 2023, at approximately 10:00 a.m., survey staff toured the facility with the Licensed Assisted Living Director (LALD)-C, the Director of Environmental Services (MD)-D, and the director of Safety (DOS)-E. During the facility tour, it was observed that the sleeping rooms that were equipped with smoke alarms were not interconnected with the other smoke alarms in the dwelling unit, so the actuation of one alarm would cause all alarms to operate. During the interview, DOS-E confirmed that the sleeping rooms were not the fire- rated doors. This deficient condition was visually verified by LALD-C, MD-D, and DOS-E accompanying the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or	0 810		

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0 810	<p>Continued From page 4</p> <p>evacuation.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop a fire safety and evacuation plan with required elements and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors.</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>	0 810		

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0 810	<p>Continued From page 5</p> <p>Findings include:</p> <p>An interview and record review of the available documentation were conducted on March 23, 2023, at approximately 1:00 p.m. with the Licensed Assisted Living Director (LALD)-C, the Director of Environmental Services (MD)-D, and the Director of Safety (DOS)-E on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility.</p> <p>Record review of the available documentation indicated that the licensee did not maintain the fire safety and evacuation plan for the facility. Review of the available documentation and the staff training document provided by DOS-E contained the following discrepancies:</p> <ul style="list-style-type: none"> - The policy states that all residents are behind closed doors in a safe smoke compartment when the fire alarm goes off, and the facility has a shelter-in-place policy. During the tour, it was observed that the resident's bedroom door did not have fire-rated protection, and the facility did not have any smoke compartments or smoke compartment doors to contain fire and smoke. - The policy states that if in a hurry, use the elevator to return to each unit/department. But the facility did not have an elevator. <p>Record review of the available documentation indicated that the licensee did not conduct evacuation drills every other month as required by statute. During the interview, LALD-C stated that the licensee had conducted evacuation drills for the employees on 2/16/2023 but had not conducted any evacuation drills prior to those months to meet the minimum every other month requirement. Additionally, the drill was conducted</p>	0 810		

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0 810	Continued From page 6 only at House 1(13401), and no drill record was provided for house 2(13409) and house 3(13417). LALD-C stated that this was their only documentation on drills for all three buildings. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a registered	01440		

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01440	<p>Continued From page 7</p> <p>nurse (RN) conducted direct supervision of staff performing delegated tasks within 30 days of providing services for one of one unlicensed personnel ((ULP)-F).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During an observation on March 21, 2023, at 12:15 p.m., ULP-F performed blood glucose monitoring and insulin administration to R1 as prescribed.</p> <p>ULP-F had a hire date of February 13, 2017. ULP-F was hired to provide direct care and services to the licensee's residents. ULP-F's employee record lacked documentation of an RN supervising ULP-F performing delegated tasks within 30 days of providing delegated services.</p> <p>During an interview on March 21, 2023, at 12:35 p.m., ULP-F stated a previous RN had completed training with ULP-F on blood glucose monitoring and insulin administration. ULP-F stated they could not remember if they had been supervised on completing the delegated tasks.</p> <p>During an interview on March 21, 2023, at 1:20 p.m., RN-A stated that the licensee did not conduct official 30-day supervisory evaluations of ULPs performing delegated tasks. RN-A stated this was something the organization was working</p>	01440		

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01440	<p>Continued From page 8</p> <p>on and had included it in their quality management plan.</p> <p>The licensee's Supervision of Unlicensed Staff and Licensed Staff policy dated August 2021, indicated supervision of ULPs by an RN will be direct supervision of the staff performing a delegated task(s) within thirty (30) calendar days after the staff member begins working and first performs the delegated resident task.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01440		



Minnesota Department of Health

625 Robert Street North
St Paul
651-201-4500

Type: Full
Date: 03/21/23
Time: 12:09:56
Report: 7994231068

Food and Beverage Establishment Inspection Report

Page 1

Location:

Emerald Crest Of Minnetonka
13417 Lake Street Extension
Minnetonka, MN55305
Hennepin County, 27

Establishment Info:

ID #: 0037687
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9526987530
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

4-500 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.

DISHWASHER IN HOUSE 3 FOUND NOT CYCLING. STAFF INDICATED THE ISSUE STARTED THIS MORNING.

Comply By: 03/21/23

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.

HOUSE 2 DISHWASHER FOUND NOT DISPENSING SANITIZER

Comply By: 03/21/23

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

THIS WAS AN UNANNOUNCED INSPECTION. I SPOKE WITH THE PERSON IN CHARGE ABOUT THIS REPORT AND ANY ITEMS WITHIN.

TEMPERATURES:

- EGG SALAD 40
- FRUIT 40
- MILK 39
- EGG SALAD 39

Type: Full
Date: 03/21/23
Time: 12:09:56
Report: 7994231068
Emerald Crest Of Minnetonka

Food and Beverage Establishment Inspection Report

MILK 38

SANITIZERS:

HOUSE 1 - NOT ABLE TO CYCLE DISHWASHER

HOUSE 2 - NOT DISPENSING SANITZIER

HOUSE 3 - 160 F

****KITCHEN IS PARTIALLY RESIDENTIAL WITH WOOD CABINETS AND MICA COUNTER TOPS. IF DAMAGE OCCURS PLEASE CONTACT INSPECTOR FOR ASSISTANCE TO BRINING FACILITY FULLY UP TO CODE. SOME OF THE WOOD CABINETS AND COUNTER TOPS ARE STARTING TO WEAR/CRACK ****

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 7994231068 of 03/21/23.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Establishment Representative

Signed:  _____

Crystal Elva
Public Health Sanitarian 3
St Paul
651-201-3981
Crystal.Elva@state.mn.us

Report #: 7994231068

Food Establishment Inspection Report



Minnesota Department of Health

625 Robert Street North
St Paul

No. of RF/PHI Categories Out: 0

Date: 03/21/23

No. of Repeat RF/PHI Categories Out: 0

Time In: 12:09:56

Legal Authority MN Rules Chapter 4626

Time Out

Emerald Crest Of Minnetonka	Address 13417 Lake Street Extension	City/State Minnetonka, MN	Zip Code 55305	Telephone 9526987530
License/Permit # 0037687	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	Description	COS	R
Supervision			
1 <input checked="" type="radio"/> IN	PIC knowledgeable; duties & oversight		
2 <input checked="" type="radio"/> IN	Certified food protection manager, duties		
Employee Health			
3 <input checked="" type="radio"/> IN	Mgmt/Staff; knowledge, responsibilities & reporting		
4 <input checked="" type="radio"/> IN	Proper use of reporting, restriction & exclusion		
5 <input checked="" type="radio"/> IN	Procedures for responding to vomiting & diarrheal events		
Good Hygienic Practices			
6 <input checked="" type="radio"/> IN	Proper eating, tasting, drinking, or tobacco use		
7 <input checked="" type="radio"/> IN	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8 <input checked="" type="radio"/> IN	Hands clean & properly washed		
9 <input checked="" type="radio"/> IN	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10 <input checked="" type="radio"/> IN	Adequate handwashing sinks supplied/accessible		
Approved Source			
1 <input checked="" type="radio"/> IN	Food obtained from approved source		
12 IN	Food received at proper temperature		
13 <input checked="" type="radio"/> IN	Food in good condition, safe, & unadulterated		
14 IN	Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15 <input checked="" type="radio"/> IN	Food separated and protected		
16 <input checked="" type="radio"/> IN	Food contact surfaces: cleaned & sanitized		
17 <input checked="" type="radio"/> IN	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status	Description	COS	R
Time/Temperature Control for Safety			
18 IN	Proper cooking time & temperature		
19 IN	Proper reheating procedures for hot holding		
20 IN	Proper cooling time & temperature		
21 IN	Proper hot holding temperatures		
22 <input checked="" type="radio"/> IN	Proper cold holding temperatures		
23 <input checked="" type="radio"/> IN	Proper date marking & disposition		
24 IN	Time as a public health control: procedures & records		
Consumer Advisory			
25 IN	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 <input checked="" type="radio"/> IN	Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27 IN	Food additives: approved & properly used		
28 <input checked="" type="radio"/> IN	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 IN	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	Description	COS	R
Safe Food and Water			
30 IN	Pasteurized eggs used where required		
31	Water & ice obtained from an approved source		
32 IN	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34 IN	Plant food properly cooked for hot holding		
35 <input checked="" type="radio"/> IN	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	Description	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: 03/21/23

Inspector (Signature)