



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 11, 2024

Licensee

1st Attentive Services LLC
1717 Thomas Avenue North
Minneapolis, MN 55411

RE: Project Number(s) SL37101015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 21, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, 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.

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. 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 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).

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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

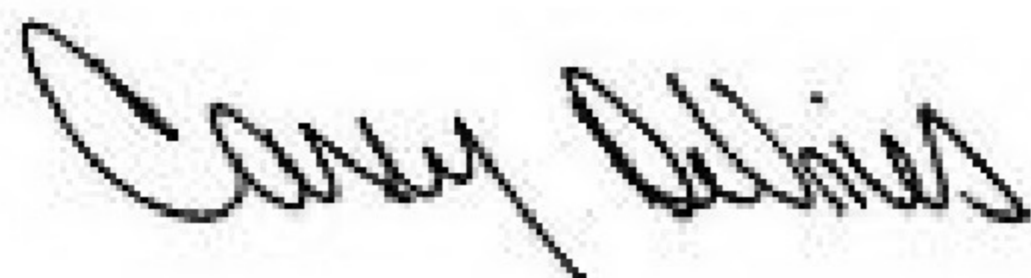
<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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: 1-866-890-9290

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2024
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NAME OF PROVIDER OR SUPPLIER 1ST ATTENTIVE SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 THOMAS AVENUE NORTH MINNEAPOLIS, MN 55411
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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: SL3710115-0</p> <p>On May 20, 2024, through May 21, 2024, 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 three residents, all of whom received services under the provider's Assisted Living 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 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 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 evaluators' 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 SUBDIVISION 1-3.</p>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health
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>(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> <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 document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 20, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 510 SS=D	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and</p>	0 510		

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0 510	<p>Continued From page 2</p> <p>nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) 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 establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control. This practice had the potential to affect the licensee's residents, staff, 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 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>SHARED MEDICAL EQUIPMENT R1's signed service plan dated March 28, 2024, indicated R1 received services including medication management and medication administration.</p> <p>R1's medication administration record MAR dated</p>	0 510		

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0 510	<p>Continued From page 3</p> <p>May 1, 2024, through May 21, 2024, indicated R1 received Suboxone (buprenorphine and naloxone) sublingual (under the tongue) 12 milligram (mg)/2mg, with instructions on the MAR to cut film into one-half, to administer get scissors, wear gloves cut the film at the edge and remove film, and save the other half.</p> <p>On May 21, 2024, at 8:44 a.m., the surveyor observed ULP-F unlocked the medication cabinet located in a common area on the main floor of the two-story house. ULP-F removed R1's medications including a Ziplock bag that contained Suboxone sublingual film 12 mg / 2 mg wrapped in the original manufacture foil packaging, a pair of scissors and a pair of gloves. ULP-F sat down at computer desk adjacent to the medication cabinet and opened the electronic medication administration record (EMAR) and placed the gloves on. ULP-F removed one of the Suboxone foil packages from the Ziplock bag and used the scissors to cut the foil package in one-half. ULP-F placed one-half of the foil package back into the Ziplock bag, and unwrapped the other one-half, then removed the Suboxone film and place it on the inside of a medication cup. ULP-F returned all the medications to the medication cabinet and locked the cabinet. ULP-F did not disinfect the scissors used to open the foil package before or after cutting the foil packaging.</p> <p>On May 21, 2024, at 9:06 a.m., ULP-F stated the registered nurse (RN) trained them to cut each Suboxone film in half. ULP-F stated the scissors were used to open packages and the scissors should have been wiped down before and after use.</p> <p>On May 21, 2024, at 9:31 a.m., clinical nurse</p>	0 510		

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0 510	<p>Continued From page 4</p> <p>supervisor (CNS)- C stated the Suboxone film should be cut into one-half, and an alcohol wipe should have been used to clean the scissors.</p> <p>On May 21, 2024, at 9:36 a.m., licensed assisted living director (LALD)-D stated the scissors in the cabinet were used to open packages, and the ULP should have wiped down the scissors.</p> <p>The Center of Disease Control (CDC) Disinfection of Healthcare Equipment dated May 24, 2019, indicated it is a requirement to clean equipment with appropriate disinfectant after contact with a blood or other potentially infectious materials. In addition, medical equipment surfaces should be disinfected with an environmental protection agency (EPA) registered low or intermediate level disinfectant.</p> <p>The licensee's 8.01 Infection Control Policy dated August 1, 2021, indicated [licensee] would follow current guidelines from the CDC for infection control.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510		
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>	0 800		

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0 800	<p>Continued From page 5</p> <p>This MN Requirement is not met as evidenced by: The licensee failed to maintain the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents.</p> <p>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 the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On May 21, 2024, at 9:50 a.m., survey staff toured the facility with the licensed assisted living director (LALD)-D, owner/agent(O)-B, and clinical nurse supervisor (CNS)-C. During the facility tour, survey staff observed the following items:</p> <p>In the resident bedroom #6 on the upper level, it was observed that the window insect screen was broken and placed against the wall in the resident room. In all other resident bedrooms in the facility, it was observed that the window insect screens were missing.</p> <p>During the interview on May 21, 2024, at 10:30 a.m., O-B stated the facility was planning to replace the broken screens and installed those missing screens.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	0 800		

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0 800	Continued From page 6 days	0 800		
01730 SS=D	<p>144G.71 Subd. 5 Individualized medication management plan</p> <p>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:</p> <ol style="list-style-type: none"> (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. <p>(b) The medication management record must be</p>	01730		

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01730	<p>Continued From page 7</p> <p>current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to follow manufacture guidelines for medication preparation for one of two residents (R1).</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>R1's signed service plan dated March 28, 2024, indicated R1 received services including medication management and medication administration.</p> <p>R1's medication administration record (MAR) dated May 1, 2024, through May 21, 2024, indicated R1 received Suboxone (buprenorphine and naloxone) sublingual (under the tongue) 12 mg/2mg, with instructions on the MAR to cut film into one-half, to administer get scissors, wear gloves cut the film at the edge and remove film, and save the other half.</p>	01730		

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01730	<p>Continued From page 8</p> <p>R1's signed prescription orders dated March 28, 2024, to March 28, 2025, indicated the Suboxone (buprenorphine and naloxone) film should be cut into one-half and should dissolve under the tongue.</p> <p>On May 21, 2024, at 8:44 a.m., the surveyor observed ULP-F use a pair of scissors to cut the Suboxone sublingual 12 mg/2mg film in one-half and place it into a medication cup and the unused section of the film that remained in the manufacture foil packaging back into the Ziplock bag.</p> <p>On May 21, 2024, at 9:02 a.m., the surveyor observed ULP-F administer the one-half Suboxone 12 mg/2mg film to R1.</p> <p>On May 21, 2024, at 12:42 p.m., clinical nurse supervisor (CNS)-C stated they were aware of the manufacturer's guidelines, and was observed searching on the laptop, "I can pull them up". CNS-C stated the pharmacy gave the direction to cut the film into one-half. CNS-C reviewed the manufacturer's guide for medication administration and stated they were not aware of that requirement, and they did not check with the medical prescriber for R1, "I should call the medical doctor right now".</p> <p>The manufacturer's guide for medication administration for Suboxone dated 2002 indicated the medication film must be administered whole and must not be cut or chewed.</p> <p>The licensee's 7.03 Medication Management Individualized Plan dated August 1, 2021, indicated medications would be consistent with the manufacturer's directions.</p>	01730		

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01730	Continued From page 9 No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01880 SS=D	<p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store all prescription medications securely to permit only authorized personnel to have access for two of four residents (R1, R2).</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>R1 R1's signed service plan dated March 28, 2024, indicated R1 received services including medication management and medication administration.</p>	01880		

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01880	<p>Continued From page 10</p> <p>R1's medication administration record dated May 1, 2024, through May 21, 2024, indicated R1 received the following medications; bupropion 300 milligrams (mg) extended release (ER)1 tablet by mouth daily, duloxetine Capsule 60 mg 1 tablet by mouth daily, hydroxyzine 50 mg 1 tablet by mouth twice daily, lisinopril 20 mg 1 tablet by mouth daily, Suboxone (buprenorphine and naloxone) sublingual (under the tongue) 12 mg/2mg, cut film into one-half, to administer get scissors, wear gloves cut the film at the edge and remove film, and save the other half, atorvastatin tablet 40 mg 1 tablet by mouth daily, divalproex extended release (ER) 500 mg 1 tablet at bedtime, prazosin capsule 1 mg 3 capsules at bedtime, Quetiapine 400 mg 1 tablet daily at bedtime, and trazadone 100 mg 1 tablet daily at bedtime.</p> <p>R2 R2's signed service plan dated March 28, 2024, indicated the resident received services including medication management and medication administration.</p> <p>R2 medication administration record dated May 1, 2024, through May 21, 2024, indicated R2 received the following medications; benztropine 1mg 1 tablet twice daily, carboxymethylcellulose and glycerin install drops in both eyes three times a day, gabapentin capsule 300 mg 1 capsule three times day, Senexon-S Tab 8.6-50 mg 1 tablet twice daily, Vitamin D3 50 microgram (mcg) 1 tablet once daily, Lurasidone80 mg 1 tablet daily, haloperidol 5 mt 3 tablets at bedtime, acetaminophen 500 mg 2 tablets as needed for pain, DayQuil 30 millimeters (ml) as needed, Nicotine 2mg lozenge as needed, Nicotrol 10 mg inhale every 1 hour as needed and, Quetiapine 100 mg 1 tablet as needed.</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2024
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NAME OF PROVIDER OR SUPPLIER 1ST ATTENTIVE SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 THOMAS AVENUE NORTH MINNEAPOLIS, MN 55411
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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
01880	<p>Continued From page 11</p> <p>On May 21, 2024, at 7:38 a.m., in the common area on the main level of the two-story assisted living facility (ALF), there was a computer desk adjacent to the locked medication cabinet. The surveyor observed a set of keys with a lanyard attached to a key chain. Unlicensed personnel (ULP)-F was in the kitchen that adjoined the common area on the main-level.</p> <p>On May 21, 2024, at 7:41 a.m., the surveyor observed ULP-F walk into the common area, pick up the keys, unlock the medication cabinet, remove a pair of scissors, lock the medication cabinet, place the keys and pair of scissors onto the computer desk and return to the kitchen.</p> <p>On May 21, 2024, at 7:45 a.m., the surveyor observed R1 enter the common area through the front door on the main level.</p> <p>On May 21, 2024, at 7:58 a.m., with the keys still on the desk, the surveyor observed ULP-F leave the kitchen and walk down the hallway to a bathroom located on the main level. ULP-F walked back into the common area, picked up the keys to the medication cabinet, unlocked the medication cabinet, removed a paper towel roll, locked the medication cabinet, and placed the keys back onto the table and returned to the kitchen.</p> <p>On May 21, 2024, at 8:02 a.m., with the keys on the computer desk, the surveyor observed ULP-F leave the kitchen and walk down the hallway to a bathroom located on the main level.</p> <p>On May 21, 2024, at 8:03 a.m., with the keys on the computer desk, the surveyor observed ULP-F return to the kitchen from the bathroom, perform</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2024
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NAME OF PROVIDER OR SUPPLIER 1ST ATTENTIVE SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 THOMAS AVENUE NORTH MINNEAPOLIS, MN 55411
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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
01880	<p>Continued From page 12</p> <p>hand hygiene, and started preparing food.</p> <p>On May 21, 2024, at 8:16 a.m., with the keys on the computer desk, the surveyor observed ULP-F leave the kitchen and walk upstairs.</p> <p>On May 21, 2024, at 8:19 a.m., with the keys on the computer desk, the surveyor observed ULP-F walk downstairs to the common area on the main level and exit through the front door, then promptly return to the kitchen to perform hand hygiene.</p> <p>On May 21, 2024, at 8:19 a.m., the surveyor observed R2 walk downstairs to the common area. R2 sat down to the dining table located in the common area on the main level of the house. R2 stated to ULP-F they were having pain. ULP-F asked R2 if they required medication. ULP-F removed the keys from the computer desk and opened the medication cabinet.</p> <p>On May 21, 2024, at 8:21 a.m., the surveyor asked ULP-F how the keys to the medication cabinet should be secured. ULP-F stated only staff should have access to keys and keys should remain with staff at all times, "I didn't have a pocket".</p> <p>On May 21, 2024, at 9:31 a.m., clinical nurse supervisor (CNS)-C stated medications are required to be locked and only staff have access to the medication cabinet. CNS-C stated medication cabinet keys should be on staff at all times, and ULP-F should not have left the keys unattended.</p> <p>On May 21, 2024, at 9:36 a.m., licensed assisted living director (LALD)-D stated keys should not be left unattended, and staff should always carry the</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2024
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NAME OF PROVIDER OR SUPPLIER 1ST ATTENTIVE SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 THOMAS AVENUE NORTH MINNEAPOLIS, MN 55411
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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
01880	<p>Continued From page 13</p> <p>keys. LALD-D stated ULP-F should have not left the keys unattended.</p> <p>The licensee's 7.11 Medication Storage policy dated August 8, 2021, indicated [licensee] would ensure medications were secured locked and only allow authorized staff to have access to the medication cabinet.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		

Type: Full
Date: 05/20/24
Time: 14:00:00
Report: 8041241080

Food and Beverage Establishment Inspection Report

Page 1

Location:

Ist Attentive Services Llc
1717 Thomas Avenue North
Minneapolis, MN55411
Hennepin County, 27

Establishment Info:

ID #: 0037886
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6126887600
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.

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1)

**** Priority 1 ****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

PACKAGE OF RAW CHICKEN AND CARTON OF UNPASTEURIZED SHELL EGGS STORED ABOVE READY-TO-EAT FOODS IN THE REFRIGERATOR. CHICKEN AND EGGS WERE MOVED TO LOWER SHELF DURING INSPECTION. PROPER FOOD STORAGE TO PREVENT CROSS CONTAMINATION REVIEWED.

Comply By: 05/20/24

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.

TCS FOODS IN THE WHIRLPOOL KITCHEN REFRIGERATOR MEASURED 44-45F. PER STAFF, DOOR WAS LEFT OPEN DURING LUNCH. MONITOR REFRIGERATOR TEMPERATURE AND ADJUST/REPAIR AS NEEDED TO HOLD FOOD AT 41F OR BELOW.

Comply By: 05/20/24

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 45 Degrees Fahrenheit - Location: whirlpool cooler: cream cheese

Violation Issued: Yes

Process/Item: Cold Holding

Temperature: 45 Degrees Fahrenheit - Location: whirlpool cooler: deli meat

Violation Issued: Yes

Type: Full
Date: 05/20/24
Time: 14:00:00
Report: 8041241080
1st Attentive Services Llc

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 45 Degrees Fahrenheit - Location: whirlpool cooler: milk
Violation Issued: Yes

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

Inspection was completed with the Food Service Manager, Samsam Mohamed. Keith Langley was the lead Health Regulation Division Nurse Evaluator. Facility had four residents on site at time of inspection.

This establishment has a residential kitchen. Food must be prepared for same day service only. The kitchen has laminate cabinets with a hollow base, a laminate countertop, popcorn ceiling and vinyl flooring. All found to be in good condition.

A one basin sink is located in the kitchen that is designated for handwashing. Establishment has a Whirlpool under counter dish machine with a high temp. option that was tested yesterday and had a utensil surface temperature of at least 160F.

Discussed the following:

- Employee illness policy and logging requirements
- Handwashing
- Glove-use and bare hand contact
- Food storage and preventing cross contamination
- Date marking
- Restrictions concerning serving a highly susceptible population
- Vomit clean up process
- Proper cold holding

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 8041241080 of 05/20/24.

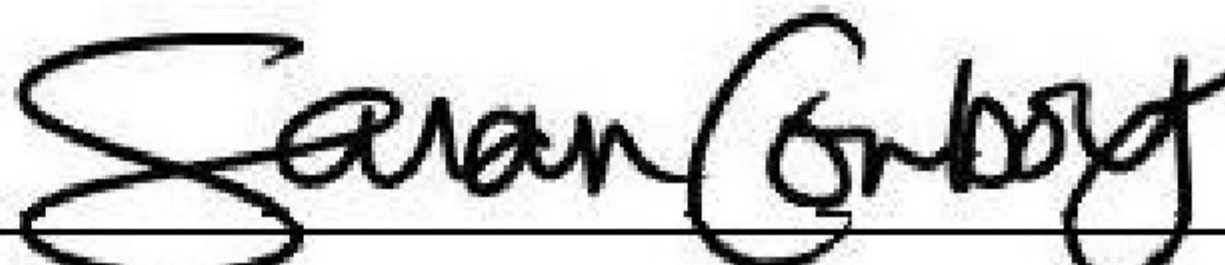
Certified Food Protection Manager Samsam J. Mohamed

Certification Number: fm108013 Expires: 09/23/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Samsam Mohamed

Signed:  _____

Sarah Conboy
Public Health San. Supervisor
651-201-3984
sarah.conboy@state.mn.us