



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

April 21, 2025

Licensee

Harrison Bay Senior Living  
1861 Commerce Boulevard  
Mound, MN 55364

RE: Project Number(s) SL34150016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 6, 2025, 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 . . ."

#### **IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

**0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**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>

**REQUESTING A HEARING**

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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](mailto: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,



Jess Schoenecker, Supervisor  
State Evaluation Team  
Email: [jess.schoenecker@state.mn.us](mailto:jess.schoenecker@state.mn.us)  
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  HARRISON BAY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE  1861 COMMERCE BOULEVARD MOUND, MN 55364		
(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>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:</p> <p>SL34150016-0</p> <p>On March 3, 2025, through March 6, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 71 residents; 64 receiving services under the Assisted Living Facility with 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 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 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	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>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;</p> <p>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;</p> <p>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;</p> <p>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>allowed provided the facility keeps them clean and in good condition;</p> <p>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</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 March 3, 2025, 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		

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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 nursing standards for infection control.</p> <p>(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.</p> <p>(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 infection control program that complies with accepted health care, medical and nursing standards for infection control related to handwashing and glove use for one of two unlicensed personnel ((ULP)-B).</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>On March 4, 2025, at 8:49 a.m., the surveyor observed ULP-B perform medication</p>	0 510		

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0 510	<p>Continued From page 4</p> <p>administration for R5. ULP-B had applied gloves without hand hygiene and proceeded to give oral medication, performed skin check under R5's breasts for a rash, applied topical powder under R5's breast, looked under R5's brief for a wound that was noted to be healed during the observation. ULP-B removed gloves after the cares provided to R5 and did not perform hand hygiene after removing the gloves or before leaving R5's room.</p> <p>ULP-B's transcript dated March 4, 2025, indicated ULP-B was trained on Infection Control: Essential Principles on May 6, 2024, and About Infection Control and Prevention on October 12, 2024.</p> <p>On March 4, 2025, at 9:40 a.m., clinical nurse supervisor (CNS)-C stated gloves need to be used for all treatments and procedures. Staff were expected to wash hands before and after applying gloves. CNS-C stated all staff were trained on gloves and handwashing at hire.</p> <p>The Centers for Disease Control and Prevention (CDC) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infection Agents in Healthcare Settings updated September 2024, on page 129, table 4, indicated recommendations for application of standard precautions for the care of all patients in all healthcare settings included the following:</p> <ul style="list-style-type: none"> <li>- Hand hygiene recommendations after touching blood, body fluids, secretions, excretions, contaminated items, immediately after removing gloves, and between patient contacts; and</li> <li>- Personal protective equipment (PPE) gloves recommendations for touching blood, body fluids, secretions, excretions, contaminated items, for touching mucous membranes, and nonintact skin.</li> </ul>	0 510		

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0 510	Continued From page 5  No further information provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment  Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:  This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of the Minnesota State Fire Code. This had the potential to directly affect all residents, staff, and visitors.  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).  Findings include:  On a facility tour on March 4, 2025, from 10:45 a.m. to 1:30 p.m., with building maintenance (BM)-G, and regional maintenance (RM)-F, the surveyor made the following observations of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511:	0 775		

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0 775	<p><b>Continued From page 6</b></p> <p><b>TRASH CHUTE FIRE RESISTANT RATED DOORS</b></p> <p>The second and third floor trash chute fire-resistant rated door hardware did not positively latch when closed by the automatic closer. The hardware is required to latch and prevent the door from opening in the event of a fire within the trash chute.</p> <p>The trash chute fire-resistant rated door in the lowest level trash room was provided with a yellow rope to hold the door open during normal operation. Fire-resistant rated trash chute doors and hardware are required to be maintained as designed and installed at the time of construction approval.</p> <p><b>CARBON MONOXIDE ALARMS</b></p> <p>There was not a carbon monoxide alarm provided inside resident sleeping unit 104.</p> <p>Carbon monoxide alarms are required outside within ten feet of all sleeping rooms or carbon monoxide detection systems shall be installed in accordance with MSFC in Minnesota Rules Chapter 7511.</p> <p><b>STORAGE IN EXIT STAIRWAY ENCLOSURE</b></p> <p>There was combustible storage at the lowest level of the exit stairway enclosure near resident sleeping room 329. Exit stairway enclosures are required to be maintained clear of combustible materials and storage that effect the full and instant use of the exit path in the event of a fire or similar emergency.</p> <p><b>ELECTRICAL FIXTURES</b></p>	0 775		

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0 775	<p>Continued From page 7</p> <p>There was an electrical fixture missing on the ceiling of the building maintenance office exposing electrical wires.</p> <p>There was also an electrical fixture hanging from the electrical wires in the mechanical room inside the dementia care unit near the kitchen.</p> <p>Electrical light fixtures are required to be maintained in place as installed and designed at the time of construction approval.</p> <p>During the facility tour BM-G, and RM-F, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 775		
01610 SS=E	<p>144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring</p> <p>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan 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. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the</p>	01610		

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01610	<p>Continued From page 8</p> <p>resident's needs and reflect person-centered planning and care delivery.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed an initial assessment prior to the date on which a prospective resident executed a contract with a facility or on the day the resident moved in for two of two residents (R2, R3) receiving services.</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R2 R2 was admitted on December 30, 2021.</p> <p>R2's Service Addendum to Assisted Living Contract dated February 25, 2025, indicated R2 received the following services with an effective date of December 31, 2021, assistance with medication assist/administration and vital signs.</p> <p>R2's initial assessment dated and completed on January 25, 2022, indicated the assessment had been completed 26 days after R2 was admitted to the facility.</p>	01610		

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01610	<p>Continued From page 9</p> <p>R3</p> <p>R3 was admitted on September 5, 2023.</p> <p>R3's assisted living contract was signed on August 31, 2023.</p> <p>R3's Service Addendum to Assisted Living Contract dated April 29, 2024, indicated R3 received the following services with an effective date of September 5, 2023, assistance with bathing, medication assist/administration, escort assist, grooming, laundry, oral care, toileting, transfers.</p> <p>R3's initial assessment dated August 29, 2023, but completed on September 25, 2023, indicated the assessment had been completed twenty-five days after R3 executed a contract with the licensee.</p> <p>On March 4, 2025, at 12:58 p.m., regional clinical support/registered nurse (RCS/RN)-E stated the assessment date is the date the assessment was opened in the electronic system, but it can take a few days to gather all the information, so the date signed is the date the assessment was completed by the nurse.</p> <p>On March 6, 2025, at 12:38 p.m., RCS/RN-E stated it is the nurse's responsibility to make sure the assessment is done on time.</p> <p>The licensee did not provide an assessment policy.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01610		

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01620 01620 SS=E	<p>Continued From page 10</p> <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> <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 reassessment and monitoring were completed no more than fourteen calendar days after initiation of services; and ongoing resident reassessment and monitoring were completed as needed based on changes in the needs of the resident but not to exceed 90 calendar days from the last date of assessment for two of two residents (R2, R3).</p>	01620 01620		

## Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  HARRISON BAY SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE  1861 COMMERCE BOULEVARD MOUND, MN 55364		
(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
01620	<p>Continued From page 11</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R2 R2 was admitted on December 30, 2021.</p> <p>R2's Service Addendum to Assisted Living Contract dated February 25, 2025, indicated R2 received the following services with an effective date of December 31, 2021, assistance with medication assist/administration and vital signs.</p> <p>R2's Comprehensive Assessment dated January 24, 2022, indicated the assessment was a fourteen-day review. The assessment was not completed by the registered nurse until February 11, 2022. The assessment was completed 42 days after the initiation of services.</p> <p>R3 R3 was admitted on September 5, 2023.</p> <p>R3's Service Addendum to Assisted Living Contract dated April 29, 2024, indicated R3 received the following services with an effective date of September 5, 2023, assistance with bathing, medication assist/administration, escort assist, grooming, laundry, oral care, toileting, transfers.</p>	01620		

## Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARRISON BAY SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1861 COMMERCE BOULEVARD MOUND, MN 55364</b>		
(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
01620	<p>Continued From page 12</p> <p>R3's record included 90-day nursing assessments dated August 18, 2024, but completed August 20, 2024; November 16, 2024, but completed November 27, 2024; and February 13, 2025, but completed February 16, 2025. The assessment completed on November 27, 2024, indicated 99 days had passed since the prior assessment completed on August 20, 2024.</p> <p>On March 4, 2025, at 12:58 p.m., regional clinical support/registered nurse (RCS/RN)-E stated the assessment date is the date the assessment was opened in the electronic system, but it can take a few days to gather all the information, so the date signed is the date the assessment was completed by the nurse.</p> <p>On March 6, 2025, at 12:38 p.m., RCS/RN-E stated the licensee's electronic medical system does alert the staff when assessments are due, but it is the nurse's responsibility to make sure the assessment is done on time.</p> <p>The licensee did not provide an assessment policy.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		





Type: Full  
Date: 03/03/25  
Time: 12:00:00  
Report: 8041251027  
Harrison Bay Senior Living

# Food and Beverage Establishment Inspection Report

Page 3

Process/Item: Cold Holding  
Temperature: 37 Degrees Fahrenheit - Location: prep cooler: diced ham  
Violation Issued: No

Process/Item: Cold Holding  
Temperature: 39 Degrees Fahrenheit - Location: walk-in cooler: chili  
Violation Issued: No

Process/Item: Cold Holding  
Temperature: 38 Degrees Fahrenheit - Location: walk-in cooler: milk  
Violation Issued: No

Process/Item: Cold Holding  
Temperature: 38 Degrees Fahrenheit - Location: memory care cooler: string cheese  
Violation Issued: No

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

Inspection was completed with the Culinary Director, Ashley McCamey. Rhawnie Quinehan was the lead Health Regulation Division Nurse Evaluator.

This establishment has a commercial kitchen and a serving kitchen in memory care. Food service is conducted by facility, not a third party.

Discussed the following:

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

**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 8041251027 of 03/03/25.

Certified Food Protection Manager: Ashley McCamey

Certification Number: fm115843 Expires: 03/09/26

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Ashley McCamey  
Culinary Director

Signed: \_\_\_\_\_

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