



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

Electronically Delivered

October 4, 2024

Licensee  
Midtown Housing Services LLC  
2830 12th Avenue South  
Minneapolis, MN 55407

RE: Project Number(s) SL36236015

Dear Licensee:

On August 28, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the June 4, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Benjamin Zwart'.

Benjamin J. Zwart, P.E., Supervisor  
State Engineering Services Section  
Health Regulation Division  
Email: Benjamin.Zwart@state.mn.us  
Telephone: 651-201-3715 Fax: 1-866-890-9290

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

Electronically Delivered

July 3, 2024

Licensee  
Midtown Housing Services LLC  
2830 12th Avenue South  
Minneapolis, MN 55407

RE: Project Number(s) SL36236015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 4, 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.

#### **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](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

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36236</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIDTOWN HOUSING SERVICES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2830 12TH AVENUE SOUTH MINNEAPOLIS, MN 55407</b>
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0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></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><b>INITIAL COMMENTS:</b></p> <p><b>SL36236015-0</b></p> <p>On June 3, 2024, through June 4, 2024, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were two residents; two receiving 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><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
0 480 SS=F	<b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b>	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>(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 June 4, 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		
0 650 SS=E	<p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual</p>	0 650		

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0 650	<p>Continued From page 2</p> <p>contractor providing services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the employee record contained the required content for two of two employees (clinical nurse supervisor (CNS)-B, unlicensed personnel (ULP)-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) 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>	0 650		

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0 650	<p>Continued From page 3</p> <p>The findings include:</p> <p>CNS-B and ULP-C had start dates of April 14, 2023, and June 13, 2022, respectively, and provided direct care for the licensee's assisted living residents.</p> <p>CNS-B and ULP-C's records lacked evidence of documentation of annual performance reviews that identify areas of improvement needed and training needs.</p> <p>On June 3, 2024, at 1:05 p.m., CNS-B stated both ULP-C and CNS-B did not have an annual performance review in their employee record. Also, licensed assisted living director (LALD)-A verbalized the previous owner may have more records, but the current licensee did not have the annual performance reviews for 2023 completed for CNS-B and ULP-C. Further, LALD-A stated she planned to get the annual performance reviews completed soon.</p> <p>The licensee's Personnel Records policy dated August 1, 2021, indicated 1. A personnel record will be started for each staff member upon hire. 2. At a minimum, all documents related to the following are kept in the personnel record, as applicable to job requirements:</p> <ul style="list-style-type: none"> <li>-Evidence of current professional licensure, registration or certification;</li> <li>-Results of background studies;</li> <li>-Records of annual training and infection control training;</li> <li>-Documentation of orientation;</li> <li>-Documentation of supervision, as applicable;</li> <li>-Performance reviews;</li> <li>-Competency evaluations;</li> <li>-Signed job description; and</li> <li>-Documentation of annual performance reviews</li> </ul>	0 650		

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0 650	Continued From page 4  identifying areas of improvement needed and training needs.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment  (2) install and maintain portable fire extinguishers in accordance with the State Fire Code;  (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and  This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain portable fire extinguishers as required by statute. This deficient condition had the potential to 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	0 790		

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0 790	<p>Continued From page 5</p> <p>or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On June 3, 2024, at 11:00 a.m., survey staff toured the home with licensed assisted living director (LALD)-A. During the tour, survey staff observed monthly inspections had not been recorded on the back of the tags attached to the three fire extinguishers installed in the facility. On June 4, 2024, the licensee provided a fire extinguisher inspection log. The log recorded inspections in February, April, May, and June 2024. The inspection log did not identify which fire extinguishers were inspected. The January and March 2024 inspections did not include the name or initials of the employee who completed the inspection.</p> <p>Fire extinguisher inspections must be conducted every month to ensure that each extinguisher is in its designated place, that it has not been tampered with, and that there is no obvious physical damage or condition that would interfere with its use or operation. Records must be maintained to document when each fire extinguisher was inspected and who performed the inspection.</p> <p>During an interview on June 4, 2024, at 3:00 p.m., LALD-A verified the inspection records lacked the required information.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 790		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment	0 800		

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0 800	<p>Continued From page 6</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 failed to provide 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, 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) 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>On June 3, 2024, at 11:00 a.m., survey staff toured the home with licensed assisted living director (LALD)-A. During the tour, survey staff observed water stains on the ceiling and wall on the main floor above the Minnesota and Federal Labor Law poster. Wall paint was peeling at the ceiling/wall junction in this area.</p> <p>During an interview on June 4, 2024, at 3:00 p.m., LALD-A verified the water damaged</p>	0 800		

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0 800	Continued From page 7  surfaces. LALD-A explained this had happened on Sunday when water had leaked down to the main floor from an upper level bathroom. LALD-A stated a repair person had already been contacted to fix the ceiling and wall.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
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 evacuation. (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. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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.	0 810		

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0 810	<p>Continued From page 8</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 record review and interview, the licensee failed to develop a fire safety and evacuation plan with the required content, and provide required training and drills. This had the potential to directly affect all 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) 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>On June 4, 2024, the licensee provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and employee evacuation drills for the facility.</p> <p><b>FIRE SAFETY AND EVACUATION PLAN</b> Record review of the available documentation indicated the licensee failed to identify the location and number of resident sleeping rooms on the FSEP floor plan. The FSEP floor plan did not include the lower level of the home. The FSEP floor plan failed to label the main exit of the</p>	0 810		

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0 810	<p>Continued From page 9</p> <p>facility. An accurate floor plan is required to provide efficient communication for exiting in the event of a fire or similar emergency.</p> <p>The FSEP failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks evident by no actions in the plan.</p> <p>The FSEP failed to identify specific fire protection procedures necessary for residents evident by no instructions in the plan.</p> <p>During an interview on June 4, 2024, at 3:00 p.m., licensed assisted living director (LALD)-A verified the FSEP did not include the required information.</p> <p><b>TRAINING</b> Record review indicated the licensee failed to provide training to employees on the FSEP upon hire and/or at least twice per year as evident by the lack of training documentation. Employee training records were provided from a third party course provider for emergency preparedness. Employee training records were not available to support training had been completed on the facility FSEP. Additionally, the fire safety training policy specifies employees will be trained upon hire and annually thereafter.</p> <p>During an interview on June 4, 2024, at 3:00 p.m., LALD-A stated employee FSEP training was completed but verified records were not available to support this was completed.</p> <p><b>DRILLS</b> Record review indicated the licensee failed to conduct evacuation drills for employees twice per</p>	0 810		

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0 810	<p>Continued From page 10</p> <p>year, per shift with at least one evacuation drill every other month as evident by fire drill reports lacking the required documentation. The year was not recorded for the fire drills dated April 25th and November 7th. Records were not provided to support the evacuation drill frequency was met.</p> <p>During an interview on June 4, 2024, at 3:00 p.m., LALD-A verified fire drill logs lacked the required information.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
0 820 SS=F	<p>144G.45 Subd. 2 (g) Fire protection and physical environment</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure physical facility elements did not constitute a distinct hazard to life. This had the potential to directly affect all residents, staff, and employees.</p>	0 820		

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NAME OF PROVIDER OR SUPPLIER  <b>MIDTOWN HOUSING SERVICES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2830 12TH AVENUE SOUTH MINNEAPOLIS, MN 55407</b>
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0 820	<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) 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>On June 3, 2024, at 11:00 a.m., survey staff toured the home with licensed assisted living director (LALD)-A. During the tour, survey staff observed the back door had an exit sign posted and a chain lock was installed near the top of this door. The evacuation plan for the facility designated the back door as an emergency exit. The use of this type of door-locking hardware would limit the ability of occupants to safely exit the building in the event of an emergency. All paths of egress must provide unobstructed exiting. Door locking hardware must release in a single operation and is required to be located not higher than 48" from the floor.</p> <p>During an interview on June 4, 2024, at 3:00 p.m., LALD-A verified the installation of the chain lock and stated it had already been removed.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 820		
01370 SS=D	<p>144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn</p> <p>(a) Training and competency evaluations for all</p>	01370		

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01370	<p>Continued From page 12</p> <p>unlicensed personnel must include the following:</p> <ul style="list-style-type: none"> <li>(1) documentation requirements for all services provided;</li> <li>(2) reports of changes in the resident's condition to the supervisor designated by the facility;</li> <li>(3) basic infection control, including blood-borne pathogens;</li> <li>(4) maintenance of a clean and safe environment;</li> <li>(5) appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> <li>(i) hair care and bathing;</li> <li>(ii) care of teeth, gums, and oral prosthetic devices;</li> <li>(iii) care and use of hearing aids; and</li> <li>(iv) dressing and assisting with toileting;</li> </ul> </li> <li>(6) training on the prevention of falls;</li> <li>(7) standby assistance techniques and how to perform them;</li> <li>(8) medication, exercise, and treatment reminders;</li> <li>(9) basic nutrition, meal preparation, food safety, and assistance with eating;</li> <li>(10) preparation of modified diets as ordered by a licensed health professional;</li> <li>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</li> <li>(12) awareness of confidentiality and privacy;</li> <li>(13) understanding appropriate boundaries between staff and residents and the resident's family;</li> <li>(14) procedures to use in handling various emergency situations; and</li> <li>(15) awareness of commonly used health technology equipment and assistive devices.</li> </ul> <p>This MN Requirement is not met as evidenced by:</p>	01370		

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01370	<p>Continued From page 13</p> <p>Based on interview and record review, the licensee failed to ensure training was completed for all required areas, prior to providing services, for one of one unlicensed personnel ((ULP)-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) 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>ULP-C was hired on June 13, 2022, to provide direct care services to the licensee's assisted living residents.</p> <p>ULP-C's record lacked training in the following required areas: -standby assistance techniques and how to perform them; -medication, exercise, and treatment reminders; -basic nutrition, meal preparation, food safety, and assistance with eating; and -preparation of modified diets as ordered by a licensed health professional.</p> <p>On June 4, 2024, at 9:52 a.m., licensed assisted living director (LALD)-A stated clinical nurse supervisor (CNS)-B provided ULP-C with the competency skills, but LALD-A had not assigned all the the required training courses to ULP-C's online training transcript to be completed. Also, LALD-A asked the surveyor where she could find the list of required training for assisted living providers. The surveyor showed LALD-A and CNS-B the resources and frequently asked</p>	01370		
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01370	<p>Continued From page 14</p> <p>questions (FAQ's) link on the Minnesota Department of Health (MDH) website. Finally, LALD-A stated she planned to enroll ULP-C for the missing required online training.</p> <p>The licensee's Staff Orientation and Education policy dated August 1, 2021, included "All staff providing assisted living through [Licensee] will be prepared to provide safe, effective services to all residents through a thorough orientation and education program pertinent to the needs of the resident."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01370		
01380 SS=D	<p><b>144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn</b></p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:</p> <ol style="list-style-type: none"> <li>(1) observing, reporting, and documenting resident status;</li> <li>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</li> <li>(3) reading and recording temperature, pulse, and respirations of the resident;</li> <li>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;</li> <li>(5) safe transfer techniques and ambulation;</li> <li>(6) range of motioning and positioning; and</li> <li>(7) administering medications or treatments as required.</li> </ol>	01380		

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01380	<p>Continued From page 15</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training was completed for all required areas, prior to providing services, for one of one unlicensed personnel ((ULP)-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) 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>ULP-C was hired on June 13, 2022, to provide direct care services to the licensee's assisted living residents.</p> <p>ULP-C's record lacked training in the following required areas: -safe transfer techniques and ambulation; and -range of motioning and positioning.</p> <p>On June 4, 2024, at 9:52 a.m., licensed assisted living director (LALD)-A stated clinical nurse supervisor (CNS)-B provided ULP-C with the competency skills, but LALD-A had not assigned all the the required training courses to ULP-C's online training transcript to be completed. Also, LALD-A asked the surveyor where she could find the list of required training for assisted living providers. The surveyor showed LALD-A and CNS-B the resources and frequently asked questions (FAQ's) link on the Minnesota Department of Health (MDH) website. Finally, LALD-A stated she planned to enroll ULP-C for</p>	01380		
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01380	Continued From page 16  the missing required online training.  The licensee's Staff Orientation and Education policy dated August 1, 2021, included "All staff providing assisted living through [Licensee] will be prepared to provide safe, effective services to all residents through a thorough orientation and education program pertinent to the needs of the resident."  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01500 SS=D	144G.63 Subd. 5 Required annual training  (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;	01500		

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01500	<p>Continued From page 17</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an employee received at least eight hours of annual training for each 12 months of employment for one of one employee</p>	01500		

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01500	<p>Continued From page 18</p> <p>(clinical nurse supervisor (CNS)-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>CNS-B had a hire date of April 14, 2023.</p> <p>CNS-B's training record lacked any evidence of the eight hours annual training requirement to include all the required content below:</p> <ul style="list-style-type: none"> <li>-Reporting maltreatment of vulnerable adults or minors;</li> <li>-Assisted Living bill of rights;</li> <li>-Infection control techniques;</li> <li>-Effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</li> <li>-Review of provider's policies and procedures;</li> <li>-Principles of person-centered planning/service delivery; and</li> <li>-Dementia Training: Met two (2) hours annually.</li> </ul> <p>On June 4, 2024, at 9:46 a.m., CNS-B stated "to be honest" she did not complete the required eight hours of annual training. CNS-B also stated she has this on her to do list and would get the eight hours of required training content completed.</p>	01500		

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01500	<p>Continued From page 19</p> <p>The licensee's Staff Orientation and Education policy dated August 1, 2021, included, 12. All staff providing assisted living services will complete at least eight (8) hours of education for every twelve (12) months of employment. Also, indicated, 13. Education topics will include, but not be limited to, the following:</p> <ul style="list-style-type: none"> <li>a. Reporting of maltreatment of adults;</li> <li>b. Review of Assisted Living Bill of Rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li> <li>c. Review of the organization's policies and procedures related to provision of assisted living services and how to implement them;</li> <li>d. Infection control techniques used in the home; <ul style="list-style-type: none"> <li>i. Implementation of infection control standards based on current recommendations per the CDC;</li> <li>ii. Hand washing techniques;</li> <li>iii. Need for/use of personal protective equipment (PPE), including: <ul style="list-style-type: none"> <li>1. Gloves;</li> <li>2. Gowns;</li> <li>3. Masks;</li> </ul> </li> <li>iv. Appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes and razor blades;</li> <li>v. Disinfection of reusable equipment;</li> <li>vi. Disinfection of environmental surfaces;</li> <li>vii. Reporting of communicable diseases;</li> </ul> </li> <li>e. Effective approaches to use to problem solve when working with a resident's challenging behaviors and how to communicate with residents who have dementia, Alzheimer's Disease or related disorders; and</li> <li>f. The principles of person-centered planning and service delivery and how they apply to direct support services provided by staff.</li> </ul> <p>No further information provided.</p>	01500		

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01500	Continued From page 20	01500		
01530 SS=D	<p><b>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</b></p> <p>(a) All assisted living facilities must meet the following training requirements:                      (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;                      (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete.                      Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by:                      Based on observation, interview, and record review, the licensee failed to ensure direct-care staff received at least eight hours of initial training</p>	01530		

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01530	<p>Continued From page 21</p> <p>on topics specified under paragraph (b) within 160 working hours of the employment start date for one of two employees (unlicensed personnel (ULP)-C). In addition, the licensee failed to ensure direct-care staff completed at least two hours of annual dementia care training for each twelve months of employment for one of two employees (ULP)-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>ULP-C ULP-C was hired on June 13, 2022, to perform direct care services to the licensee's residents.</p> <p>On June 3, 2024, at 11:45 a.m., the surveyor observed ULP-C begin to prep lunch in the kitchen for the residents.</p> <p>ULP-C's employee record indicated ULP-C completed 7.25 hours of initial dementia care training, thus lacked the eight hours of initial training within 160 working hours of the employment start date. In addition, ULP-C's online education transcript did not contain documentation ULP-C completed the required two hours of annual dementia care training for each twelve months of employment under the assisted living license.</p>	01530		

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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
01530	<p>Continued From page 22</p> <p>On June 4, 2024, at 9:50 a.m., licensed assisted living director (LALD)-A stated ULP-C was missing the required eight hours of initial dementia care training. Furthermore, LALD-A verbalized ULP-C's employee record did not contain two hours of annual dementia training. Also, LALD-A verbalized she planned to assign the required annual dementia courses to her employees.</p> <p>The licensee's Dementia Education policy dated August 1, 2021, included 3. Direct care employees must have completed at least eight (8) hours of initial education within 160 working hours of the employment start date in the following topics:</p> <ul style="list-style-type: none"> <li>a. An explanation of Alzheimer's Disease and other dementia's;</li> <li>b. Assistance with activities of daily living (ADL's);</li> <li>c. Problem solving with challenging behaviors;</li> <li>d. Communication skills; and</li> <li>e. Person-centered planning and service delivery.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01530		

Type: Full  
Date: 06/04/24  
Time: 12:00:00  
Report: 1031241141

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Midtown Housing Services Llc  
2830 12th Avenue South  
Minneapolis, MN55407  
Hennepin County, 27

**Establishment Info:**

ID #: 0039290  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 9525941288  
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.

### 4-300 Equipment Numbers and Capacities

#### 4-302.12B **\*\* Priority 2 \*\***

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

ESTABLISHMENT DOES NOT HAVE A THIN PROBE THERMOMETER.

Comply By: 06/07/24

### 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.

1. MICROWAVE HOOD NOT FUNCTIONAL FOR EXHAUST REMOVAL. REPAIR OR REPLACE MICROWAVE HOOD.

2. MICROWAVE HOOD NOT CONNECTED TO EXHAUST PORT IN CABINET ABOVE. CONNECT EXHAUST PORT.

Comply By: 07/02/24

### 6-500 Physical Facility Maintenance/Operation and Pest Control

#### 6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.

1. SOME CUPBOARD HANDLES ARE LOOSE. TIGHTEN CUPBOARD HANDLES.

2. SINK IS NO LONGER SILICONED TO COUNTER. CUT OUT ANY REMAINING SILICONE WITH RAZOR AND CLEAN AREA. SILICONE WITH 100% SILICONE.

3. CLEAN AND SILICONE GAP IN COUNTERTOP.

Type: Full  
Date: 06/04/24  
Time: 12:00:00  
Report: 1031241141  
Midtown Housing Services Llc

# Food and Beverage Establishment Inspection Report

Comply By: 06/25/24

## 6-500 Physical Facility Maintenance/Operation and Pest Control

### 6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

SOME HANDLES ON CUPBOARDS HAVE DEPOSITS OF FOOD DEBRIS. CLEAN HANDLES.

Comply By: 06/18/24

## Surface and Equipment Sanitizers

Hot Water: = at 201 Degrees Fahrenheit

Location: Dish Machine

Violation Issued: No

## Food and Equipment Temperatures

Process/Item: Cold Hold/Milk

Temperature: 41 Degrees Fahrenheit - Location: Refrigerator

Violation Issued: No

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

## NOTES:

- Establishment has a residential kitchen (4626.0506(G)(2)) Same-day service only. No saving and reheating of foods or preparation of foods the day prior to eating. Any remaining food from meals to be removed/discarded at end of day.
- Staff must prepare squirt bottle with water and chlorine. Check concentration of sanitizer with test strips (50-200ppm Chlorine) when making solution.
- Establishment does not have pasteurized eggs and does not prepare eggs for consumption under 145F. Purchase pasteurized eggs if intending to serve eggs undercooked.
- Make sure to datemark any prepared cold items that are kept in refrigerator.
- - Establishment needs to check dish washer utensil temperature weekly (160F required). If utensil temp not reaching 160F, use washer to wash/rinse and sink basin with sanitizer solution to sanitize dishes then air dry, as discussed during inspection.
- 2-Comp sink has left basin designated for handwashing and the right basin for product washing/prep sink.
- When preparing food, make sure to use a thin-probe thermometer to check temperatures.

Type: Full  
Date: 06/04/24  
Time: 12:00:00  
Report: 1031241141  
Midtown Housing Services Llc

# Food and Beverage Establishment Inspection Report

**NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

I acknowledge receipt of the Environmental Health inspection report number 1031241141 of 06/04/24.

Certified Food Protection Manager Sadiya A. Hassan

Certification Number: FM11810 Expires: 09/18/26

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

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

Sadiya Hassan  
Person in Charge

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

  
Chris Foster  
Public Health Sanitarian II  
Freeman Office Building  
651-983-8760  
chris.j.foster@state.mn.us

# Food Establishment Inspection Report



**Environmental Health  
Food, Pools, and Lodging**  
625 Robert St. N  
St. Paul

No. of RF/PHI Categories Out

0

Date 06/04/24

No. of Repeat RF/PHI Categories Out

0

Time In 12:00:00

Legal Authority MN Rules Chapter 4626

Time Out

Midtown Housing Services Llc	Address 2830 12th Avenue South	City/State Minneapolis, MN	Zip Code 55407	Telephone 9525941288
License/Permit # 0039290	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
<b>Supervision</b>			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
PIC knowledgeable; duties & oversight			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Certified food protection manager, duties			
<b>Employee Health</b>			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Mgmt/Staff; knowledge, responsibilities & reporting			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of reporting, restriction & exclusion			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Procedures for responding to vomiting & diarrheal events			
<b>Good Hygienic Practices</b>			
6	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
No discharge from eyes, nose, & mouth			
<b>Preventing Contamination by Hands</b>			
8	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O		
Hands clean & properly washed			
9	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing sinks supplied/accessible			
<b>Approved Source</b>			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source			
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Food received at proper temperature			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, & unadulterated			
14	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Required records available; shellstock tags, parasite destruction			
<b>Protection from Contamination</b>			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food separated and protected			
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food contact surfaces: cleaned & sanitized			
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, & unsafe food			

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

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

Food Recalls:

Person in Charge (Signature)

Date: 06/04/24

Inspector (Signature)