



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 30, 2024

Licensee

Kind Care LLC
6418 Girard Avenue
Brooklyn Center, MN 55430

RE: Project Number(s) SL36665015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 28, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted no violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents no violations. MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

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,

A handwritten signature in black ink that reads 'Kelly Thorson'.

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36665	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER KIND CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6418 GIRARD AVENUE BROOKLYN CENTER, MN 55430		
(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	Initial Comments SL36665015 On August 26, 2024, through August 28, 2024, the Minnesota Department of Health conducted a survey at the above provider. At the time of the survey, there were three residents; all receiving services under the Assisted Living license. As a result of the survey, the licensee was found to be in significant compliance with the assisted living statutes 144G.08 through 144G.95.	0 000		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Type: Full
Date: 08/27/24
Time: 13:17:45
Report: 7963241098

Food and Beverage Establishment Inspection Report

Page 1

Location:

Kind Care Llc
6418 Girard Avenue
Brooklyn Center, MN55430
Hennepin County, 27

License Categories:

Expires on: / /

Establishment Info:

ID #: 0038866
Risk:
Announced Inspection: No

Operator:

Phone #: 6122985160
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 180 Degrees Fahrenheit
Location: DISHWASHER RINSE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: MILK
Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: LUNCH MEAT
Temperature: 40 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

MET WITH MDH NURSE SURVEYOR WENDY ROBARGE AND FACILITY REPRESENTATIVE SHUKRI ALI.

DISCUSSED THE FOLLOWING-

- EMPLOYEE ILLNESS POLICY AND LOG
- REPORTABLE DISEASES
- RESTRICTIONS REGARDING HIGHLY SUSCEPTIBLE POPULATIONS
- SAME DAY FOOD SERVICE
- VOMIT AND FECAL CLEAN UP
- SANITIZING DISHES AND UTENSILS

Type: Full
Date: 08/27/24
Time: 13:17:45
Report: 7963241098
Kind Care Llc

Food and Beverage Establishment Inspection Report

Page 2

THIS IS A RESIDENTIAL HOUSE DOING SAME-DAY FOODSERVICE.

THEY USE A DISHWASHER WITH A SANITIZER CYCLE FOR WASHING AND SANITIZING DISHES AND UTENSILS.

KITCHEN HAS A WOOD FLOOR, WOOD CABINETS, SOLID SURFACE COUNTERTOP AND SMOOTH, PAINTED CEILING.

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 7963241098 of 08/27/24.

Certified Food Protection Manager Shukri Ali

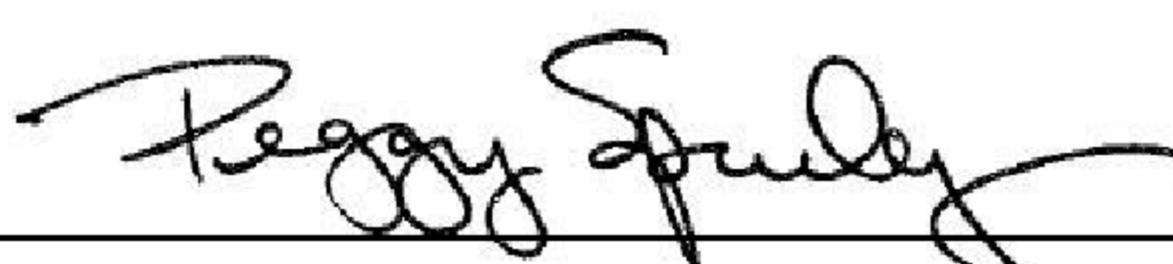
Certification Number: FM 110595 Expires: 01/14/25

Inspection report reviewed with person in charge and emailed.

Signed:

Shukri Ali
PIC

Signed:



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



Food Establishment Inspection Report

No. of RF/PHI Categories Out

0

Date 08/27/24

No. of Repeat RF/PHI Categories Out

0

Time In 13:17:45

Legal Authority MN Rules Chapter 4626

Time Out

Kind Care Llc	Address 6418 Girard Avenue	City/State Brooklyn Center, MN	Zip Code 55430	Telephone 6122985160
License/Permit # 0038866	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	Compliance Status	cos	R
Supervision						
1 <input type="radio"/> IN <input type="radio"/> OUT	PIC knowledgeable; duties & oversight			18 <input type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Proper cooking time & temperature	
2 <input type="radio"/> IN <input type="radio"/> OUT N/A	Certified food protection manager, duties			19 <input type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding	
Employee Health						
3 <input type="radio"/> IN <input type="radio"/> OUT	Mgmt/Staff;knowledge,responsibilities&reporting			20 <input type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Proper cooling time & temperature	
4 <input type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & exclusion			21 <input type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Proper hot holding temperatures	
5 <input type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting & diarrheal events			22 <input type="radio"/> IN <input type="radio"/> OUT N/A	Proper cold holding temperatures	
Good Hygienic Practices						
6 <input type="radio"/> IN <input type="radio"/> OUT N/O	Proper eating, tasting, drinking, or tobacco use			23 <input type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Proper date marking & disposition	
7 <input type="radio"/> IN <input type="radio"/> OUT N/O	No discharge from eyes, nose, & mouth			24 <input type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Time as a public health control: procedures & records	
Preventing Contamination by Hands						
8 <input type="radio"/> IN <input type="radio"/> OUT N/O	Hands clean & properly washed			Consumer Advisory		
9 <input type="radio"/> IN <input type="radio"/> OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			25 <input type="radio"/> IN <input type="radio"/> OUT N/A	Consumer advisory provided for raw/undercooked food	
10 <input type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks supplied/accessible			Highly Susceptible Populations		
Approved Source						
11 <input type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			26 <input type="radio"/> IN <input type="radio"/> OUT N/A	Pasteurized foods used; prohibited foods not offered	
12 <input type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Food received at proper temperature			Food and Color Additives and Toxic Substances		
13 <input type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated			27 <input type="radio"/> IN <input type="radio"/> OUT N/A	Food additives: approved & properly used	
14 <input type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Required records available; shellstock tags, parasite destruction			28 <input type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used	
Protection from Contamination						
15 <input type="radio"/> IN <input type="radio"/> OUT N/A N/O	Food separated and protected			Conformance with Approved Procedures		
16 <input type="radio"/> IN <input type="radio"/> OUT N/A	Food contact surfaces: cleaned & sanitized			29 <input type="radio"/> IN <input type="radio"/> OUT N/A	Compliance with variance/specialized process/HACCP	
17 <input type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			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

Safe Food and Water		cos	R	cos	R	
Food Temperature Control						
30 <input type="radio"/> IN <input type="radio"/> OUT N/A	Pasteurized eggs used where required			Proper Use of Utensils		
31 <input type="radio"/> IN <input type="radio"/> OUT	Water & ice obtained from an approved source			43 <input type="radio"/> In-use utensils: properly stored		
32 <input type="radio"/> IN <input type="radio"/> OUT N/A	Variance obtained for specialized processing methods			44 <input type="radio"/> Utensils, equipment & linens: properly stored, dried, & handled		
Food Identification				45 <input type="radio"/> Single-use/single service articles: properly stored & used		
33 <input type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control			46 <input type="radio"/> Gloves used properly		
34 <input type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding			Utensil Equipment and Vending		
35 <input type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> N/O	Approved thawing methods used			47 <input type="radio"/> Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
36 <input type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate			48 <input type="radio"/> Warewashing facilities: installed, maintained, & used; test strips		
Prevention of Food Contamination				49 <input type="radio"/> Non-food contact surfaces clean		
38 <input type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present			Physical Facilities		
39 <input type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food prep, storage & display			50 <input type="radio"/> Hot & cold water available; adequate pressure		
40 <input type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness			51 <input type="radio"/> Plumbing installed; proper backflow devices		
41 <input type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored			52 <input type="radio"/> Sewage & waste water properly disposed		
42 <input type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables			53 <input type="radio"/> Toilet facilities: properly constructed, supplied, & cleaned		

Food Recalls:

Person in Charge (Signature)

Date: 08/27/24

Inspector (Signature)