



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	<p>Initial Comments</p> <p>SL36665015</p> <p>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.</p>	0 000			

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164
651-201-4500

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

Establishment Info:
ID #: 0038866
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

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

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

Report #: 7963241098

m

DEPARTMENT OF HEALTH

Minnesota Department of Health

Food, Pools and Lodging Services Section

625 N Robert St

St Paul, MN 55164

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

Supervision

1

IN

OUTPIC knowledgeable; duties & oversight

2

IN

OUTN/ACertified food protection manager, duties

Employee Health

3

IN

OUTMgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUTProper use of reporting, restriction & exclusion

5

IN

OUTProcedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUTN/OProper eating, tasting, drinking, or tobacco use

7

IN

OUTN/ONo discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUTN/OHands clean & properly washed

9

IN

OUTN/AN/ONo bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUTAdequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUTFood obtained from approved source

12INOUTN/AN/OFood received at proper temperature

13

IN

OUTFood in good condition, safe, & unadulterated

14INOUTN/AN/OREquired records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUTN/AN/OFood separated and protected

16

IN

OUTN/AFood contact surfaces: cleaned & sanitized

17

IN

OUTProper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18INOUTN/AN/OProper cooking time & temperature

19INOUTN/AN/OProper reheating procedures for hot holding

20INOUTN/AN/OProper cooling time & temperature

21INOUTN/AN/OProper hot holding temperatures

22

IN

OUTN/AProper cold holding temperatures

23

IN

OUTN/AN/OProper date marking & disposition

24INOUTN/AN/OTime as a public health control: procedures & records

Consumer Advisory

25INOUTN/AConsumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUTN/APasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27INOUTN/AFood additives: approved & properly used

28

IN

OUTToxic substances properly identified, stored, & used

Conformance with Approved Procedures

29INOUTN/ACompliance with variance/specialized process/HACCP

Risk factors(RF) are improper practices or proceedures 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

COS

R

Safe Food and Water

30INOUTN/APasteurized eggs used where required

31Water & ice obtained from an approved source

32INOUTN/AVariance obtained for specialized processing methods

Food Temperature Control

33Proper cooling methods used; adequate equipment for temperature control

34INOUTN/AN/OPlant food properly cooked for hot holding

35INOUTN/AN/OProper thawing methods used

36Thermometers provided & accurate

Food Identification

37Food properly labled; original container

Prevention of Food Contamination

38Insects, rodents, & animals not present

39Contamination prevented during food prep, storage & display

40Personal cleanliness

41Wiping cloths: properly used & stored

42Washing fruits & vegetables

COS

R

Proper Use of Utensils

43In-use utensils: properly stored

44Utensils, equipment & linens: properly stored, dried, & handled

45Single-use/single service articles: properly stored & used

46Gloves used properly

Utensil Equipment and Vending

47Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48Warewashing facilities: installed, maintained, & used; test strips

49Non-food contact surfaces clean

Physical Facilities

50Hot & cold water available; adequate pressure

51Plumbing installed; proper backflow devices

52Sewage & waste water properly disposed

53Toilet facilities: properly constructed, supplied, & cleaned

54Garbage & refuse properly disposed; facilities maintained

55Physical facilities installed, maintained, & clean

56Adequate ventilation & lighting; designated areas used

57Compliance with MCIAA

58Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Inspector (Signature)

Date: 08/27/24