



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronic Delivery

September 18, 2023

Licensee
Lifepoint Home LLC
2216 Maple Lane East
Maplewood, MN 55109

RE: Conditional License Number 406985
Health Facility Identification Number (HFID) 38836
Project Number(s) SL38836015

Dear Licensee:

On September 7, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed July 10, 2023. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective September 7, 2023.

Effective September 7, 2023, MDH is granting your Assisted Living Facility with Dementia Care. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

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

Sincerely,

A handwritten signature in black ink that reads 'Maria King'.

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

PMB



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF CONDITIONAL PROVISIONAL LICENSE

Electronically Delivered

August 10, 2023

Licensee

Lifepoint Home LLC
2216 Maple Lane East
Maplewood, MN 55109

RE: Conditional License Number 406985
Health Facility Identification Number (HFID) 38836
Project Number(s) SL38836015

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on July 10, 2023, for the purpose of assessing compliance with state licensing statutes. Based on the initial survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, per Minn. Stat. § 144G.16, Subd. 3 (b), MDH is extending your provisional license for an additional **60 days** and applying conditions necessary to bring the facility to compliance. The conditional provisional license is due to expire on **October 9th, 2023**.

LICENSING ORDERS

The enclosed State Form documents the state correction orders. The MDH documents state 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 and enforcement actions 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

CONDITIONAL PROVISIONAL LICENSE ISSUED:

MDH will issue Lifepoint Home LLC a conditional provisional assisted living facility license for 60 calendar days from the date of this notice. At an unannounced point in time, within the 60 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Lifepoint Home LLC is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

- a. Egress window requirements:** Lifepoint Home LLC will have at least one window in resident bedroom 5 that meets the state standard minimum egress window size with a total clear opening area of 648 square inches (4.5 square feet) in addition to the minimum height of least 20 inches and a clear minimum width of 20 inches required for existing egress window openings for bedrooms for assisted living facilities.
- b. Contact:** Lifepoint Home LLC will contact Cathy Tran, Physical Environment Evaluator, when the egress window is replaced. Cathy Tran can be reached directly at 651-284-5898.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:

MDH will determine if Lifepoint Home LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 60-day conditional provisional license period. If MDH determines Lifepoint Home LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Lifepoint Home LLC's assisted living facility license, and Lifepoint Home LLC will correct violations identified during the survey to come into substantial compliance. If MDH determines Lifepoint Home LLC is not in substantial compliance, MDH may take additional enforcement action against Lifepoint Home LLC, including placement of additional conditions, issuing a second conditional provisional license, or employ any of the enforcement tools listed in Minn. Stat. § 144G.20 up to and including immediate temporary suspension and revocation.

REQUESTING A HEARING:

Pursuant to Minn. Stat. §144G.20, Subd. 17 (c), the licensee may appeal an order immediately temporarily suspending a license or issuing a conditional provisional license. The appeal must be made in writing by certified mail or personal service. If mailed, the appeal must be postmarked and sent to the commissioner within five calendar days after the license holder receives notice. If an appeal is made by personal service, it must be received by the commissioner within five calendar days after the license holder received the order. The request for hearing should be addressed to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970
Health.HRD.Appeals@state.mn.us

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 Carrie Euerle directly at: 651-242-8846.

Sincerely,

A handwritten signature in black ink that reads "Lindsey Krueger". The signature is fluid and cursive, with "Lindsey" on the top line and "Krueger" on the bottom line.

**Lindsey Krueger, RN
Assistant Division Director
Minnesota Department of Health
Health Regulation Division**

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38836	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2023
NAME OF PROVIDER OR SUPPLIER LIFEPOINT HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2216 MAPLE LANE EAST MAPLEWOOD, MN 55109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482/144G.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>SL# 38836015</p> <p>On July 10, 2023, the Minnesota Department of Health initiated a survey at the above provider. At the time of the survey 0 residents were receiving services under the provider's Provisional Assisted Living license.</p>	0 000	<p>Assisted Living Provider 144G.</p> <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</p> <p>which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health

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

TITLE

(X6) DATE

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:</p> <p>(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 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, but was not likely to cause serious injury, impairment, or death), 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>Please refer to the additional documentation included in the "Food and Beverage Establishment Inspection Reports."</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 820 SS=D	144G.45 Subd. 2 (g) Fire protection and physical environment (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	0 820		

Minnesota Department of Health

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0 820	<p>Continued From page 2</p> <p>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. The licensee failed to provide the minimum resident bedroom window opening area to meet the minimum state standard for egress. This affected the unoccupied resident bedroom 5 on the upper-level floor.</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 July 10, 2023, at approximately 2:50 p.m., survey staff toured the upper-level floor resident bedroom #5 with the unlicensed personnel (ULP)-A. During the tour, survey staff observed the two double-hung windows inside bedroom 5 are of the same construction type and were measured with clear opening window dimensions at a height of 20 inches and a width of 28 inches,</p>	0 820		

Minnesota Department of Health

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0 820	<p>Continued From page 3</p> <p>totaling a clear opening area of 560 square inches which did not meet the minimum state standard required area of 648 square inches. The finding was visually and verbally verified by the ULP-A accompanying the tour.</p> <p>Survey staff explained to the ULP-A that at least one window in resident bedroom 5 must meet the state standard minimum egress window size with a total clear opening area of 648 square inches (4.5 square feet) in addition to the minimum height of least 20 inches and a clear minimum width of 20 inches required for existing egress window openings for bedrooms for assisted living facilities.</p> <p>On July 10, 2023, at approximately 4:10 p.m., at the exit interview, the ULP-A acknowledged the above finding and stated that he will inform the owner.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 820		
01650 SS=F	<p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include:</p> <p>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;</p> <p>(2) the identification of staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring assessments of the resident;</p> <p>(4) the schedule and methods of monitoring staff</p>	01650		

Minnesota Department of Health

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01650	<p>Continued From page 4</p> <p>providing services; and</p> <p>(5) a contingency plan that includes:</p> <p>(i) the action to be taken if the scheduled service cannot be provided;</p> <p>(ii) information and a method to contact the facility;</p> <p>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan contained all required content for one of resident (R1). In addition, R1's service plan did not contain the same services provided as the contract signed by the resident, nor did it reflect the care plan in entirety.</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>	01650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38836	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2023
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01650	<p>Continued From page 5</p> <p>On July 11, 2023, the administrator (ADM)-B was interviewed and affirmed knowledge of the assisted living laws and rules.</p> <p>On July 11, 2023, R1's service plan was requested and reviewed. The service plan provided for R1 failed to include:</p> <ul style="list-style-type: none"> - fees for services. - a contingency plan. -staff responsible for providing services, only a shift was indicated. - the schedule and/or methods of monitoring staff providing services. - the schedule and methods of monitoring assessments of the resident. - medication management as a service provided in the service plan, though it was part of the care plan. - signature by the resident and staff. <p>Upon interview, ADM-B was unable to provide explanation for lack of required content on the service plan.</p> <p>The facility policy was requested and reviewed. The facility policy entitled, Service Plan, dated July 20, 2022, included the following: "Lifepoint Home will implement and provide all services required by the current service plan. The service plan includes the following: A description of the services to be provided; the service description may be in the form of the resident 's care plan developed with the resident/responsible party. The fees for services and the frequency of each service, according to the resident's current review or assessment and resident preferences The identification of the staff or categories of staff who will provide the services. The schedule and methods of monitoring reviews or assessments of the resident. The schedule and method of</p>	01650		

Minnesota Department of Health

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01650	<p>Continued From page 6</p> <p>monitoring staff providing services**. A contingency plan that includes the following. Action to be taken if the scheduled service cannot be provided. Information and method for a resident or resident 's representative to contact the facility. Names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident 's condition. The identification of and information as to who has the authority to sign for the resident in an emergency. Circumstances in which emergency medical services are not to be summoned and declarations made by the resident related to health care directives."</p> <p>No futher information provided.</p> <p>TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS.</p>	01650		

Type: Full
Date: 07/11/23
Time: 11:00:00
Report: 1031231170

Food and Beverage Establishment Inspection Report

Page 1

Location:
Lifepoint Home LLC
2216 Maple Lane E
Maplewood, MN55109
Ramsey County, 62

Establishment Info:
ID #: 0041338
Risk:
Announced Inspection: No

License Categories:

Operator:

Expires on: 12/31/23

Phone #:
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.

6-300 Physical Facility Numbers and Capacities

6-303.11C

MN Rule 4626.1470C Provide at least 50 foot candles (540 LUX) of light intensity for areas where food employees are working with utensils and equipment where safety is a factor.

TWO LIGHTS ABOVE RANGE ARE BURNT OUT. REPLACE LIGHTS.

Comply By: 07/25/23

Surface and Equipment Sanitizers

Chlorine: = 100 at Degrees Fahrenheit

Location: Sanitizer Spray

Violation Issued: No

Ambient Air Temp: = at 36 Degrees Fahrenheit

Location: Refrigerator

Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit

Location: Dish Machine (7/8 reeding)

Violation Issued: No

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

Inspection conducted by Chris F.

All violations discussed with Aweis during the inspection.

NOTES:

Type: Full
Date: 07/11/23
Time: 11:00:00
Report: 1031231170
Lifepoint Home LLC

Food and Beverage Establishment Inspection Report

Page 2

- 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/discharged at end of day.
- Make sure to datemark any prepared cold items that are kept in refrigerator.
- Staff and residents should be washing hands every time they prepare foods in kitchen.
- Gloves should be used for single-purpose only; switch gloves whenever leaving kitchen to do other work.
- Cutting boards should be utilized as food contact surfaces and not counters or plates.
- Extra care needs to be taken when cleaning behind cabinet hardware so debris does not build up.
- 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.

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 1031231170 of 07/11/23.

Certified Food Protection Manager: Aweis A. Yusuf

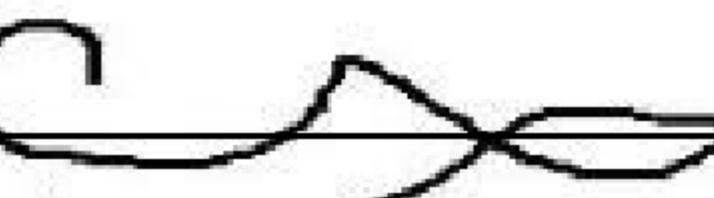
Certification Number: FM115323 Expires: 02/25/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

Aweis A. Yusuf
Person in Charge

Signed: _____


Chris Foster
Public Health Sanitarian I
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 07/11/23

No. of Repeat RF/PHI Categories Out

0 Time In 11:00:00

Legal Authority MN Rules Chapter 4626

Time Out

Lifepoint Home LLC

Address
2216 Maple Lane E

City/State
Maplewood, MN

Zip Code
55109

Telephone

License/Permit #
0041338

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

		cos	R	cos	R	
Safe Food and Water						
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Pasteurized eggs used where required			Proper Use of Utensils		
31	Water & ice obtained from an approved source			43	In-use utensils: properly stored	
32 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods			44	Utensils, equipment & linens: properly stored, dried, & handled	
Food Temperature Control						
33	Proper cooling methods used; adequate equipment for temperature control			45	Single-use/single service articles: properly stored & used	
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O	Plant food properly cooked for hot holding			46	Gloves used properly	
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> N/O	Approved thawing methods used			Utensil Equipment and Vending		
36	Thermometers provided & accurate			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
Food Identification				48	Warewashing facilities: installed, maintained, & used; test strips	
37	Food properly labeled; original container			49	Non-food contact surfaces clean	
Prevention of Food Contamination						
38	Insects, rodents, & animals not present			Physical Facilities		
39	Contamination prevented during food prep, storage & display			50	Hot & cold water available; adequate pressure	
40	Personal cleanliness			51	Plumbing installed; proper backflow devices	
41	Wiping cloths: properly used & stored			52	Sewage & waste water properly disposed	
42	Washing fruits & vegetables			53	Toilet facilities: properly constructed, supplied, & cleaned	
Food Recalls:						
Person in Charge (Signature)						Date: 07/11/23
Inspector (Signature)						