



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 7, 2025

Licensee
Raliance Group Home LLC
2618 Longfellow Avenue
Minneapolis, MN 55407

RE: Project Number(s) SL40262015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. 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.

The Minnesota Department of Health completed an initial survey on March 5, 2025, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. 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

Per 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 residents/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 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 Department of Health within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

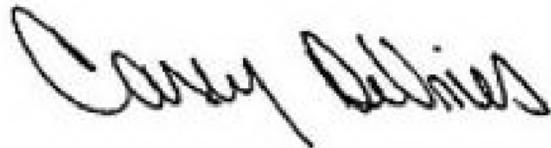
<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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 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,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
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NAME OF PROVIDER OR SUPPLIER RALIANCE GROUP HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2618 LONGFELLOW AVE MINNEAPOLIS, MN 55407
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0 000	<p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL40262015-0</p> <p>On March 3, 2025, through March 5, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were two residents; two receiving services under the Provisional Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 480	<p>Continued From page 1</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;</p> <p>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;</p> <p>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;</p> <p>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated March 4, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer</p>	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 700 SS=F	<p>144G.43 Subdivision 1 Resident record</p> <p>(b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure resident's personal health and medical information was kept private. This had the potential to affect all residents residing within the facility.</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 March 4, 2025, at 8:53 a.m., the surveyor observed agent (A)-A logging into the licensee electronic medication administration record (EMAR) to prepare for medication administration.</p> <p>On March 4, 2025, from 8:57 a.m. to 9:00 a.m.</p>	0 700		

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0 700	<p>Continued From page 4</p> <p>after preparing medications for administration, A-A left the EMAR open and unattended while administering medications in the adjacent kitchen.</p> <p>On March 4, 2025, at 9:15 a.m. to 9:19 a.m. after preparing medications for administration, A-A again left the EMAR open and unattended while administering medications in the adjacent kitchen.</p> <p>On March 4, 2025, at 10:10 a.m., clinical nurse supervisor (CNS)-C stated the expectation is to have the EMAR secured when not in use. CNS-C further suggested the staff was nervous due to the survey process.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 700		
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide appropriate disposal areas for smoking materials, and to maintain egress window hardware in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect residents, staff, and visitors.</p>	0 775		

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0 775	<p>Continued From page 5</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 March 4, 2025, from approximately 1:23 p.m. to 3:10 p.m., the surveyor toured the facility with licensed assisted living director/resident nurse (LALD/RN)-B, and administrator (A)-A and observed the following deficient conditions:</p> <p>The surveyor requested A-A open egress windows in bedrooms so that the openable area could be measured. While opening the requested windows, A-A had difficulty opening windows in occupied resident room 4 and occupied resident room 5. The opening hardware supplied on the egress windows in these resident rooms, including the cranks were not maintained in proper working order. Egress windows should be maintained easily openable and with all supplied hardware in working order. A-A and LALD/RN-B acknowledged that windows were not adequately functional and indicated that repairs would be made.</p> <p>Several discarded cigarettes were in the front lawn, laying in the grass. No proper receptacle was provided in the area for disposal of smoking materials. LALD/RN-B acknowledged cigarettes discarded on the lawn and stated that residents are directed to smoke in the street off of the property, but sometimes dispose of their materials on the lawn. Smoking materials must</p>	0 775		

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0 775	Continued From page 6 be properly disposed of in no combustibile container to prevent risk of fire. The surveyor explained requirements and noted deficient conditions in the facility, as well as the importance of maintaining the facility in compliance. LALD/RN-B and A-A stated that they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
01620 SS=E	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.	01620		

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01620	<p>Continued From page 7</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted a reassessment, not to exceed 14 calendar days from the initiation of services, for one of two residents (R1) and failed to ensure the RN conducted ongoing resident assessment and reassessment, not to exceed 90 calendar days from the last date of the assessment for one of two residents (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee on October 9, 2024, to receive assisted living services.</p> <p>R1's diagnoses included insomnia due to other mental disorder (primary), rheumatoid vasculitis with rheumatoid arthritis of unspecified hand, schizoaffective disorder, bipolar type, displaced fracture of head of left radius, subsequent encounter for closed fracture with routine healing, anxiety disorder, unspecified, family history of malignant neoplasm of breast, shortness of breath, post-traumatic stress disorder, chronic, borderline personality disorder, jaw pain, pain in right shoulder, other psychoactive substance</p>	01620		

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01620	<p>Continued From page 8</p> <p>dependence with other psychoactive substance-induced disorder, Articular disc disorder of left temporomandibular joint, dysuria, family history of malignant neoplasm of ovary and Tobacco use.</p> <p>R1's Addendum to Contract - Waiver - MN dated December 8, 2024, indicated R1 received assistance with appointment reminders, bathing assistance, dressing, grooming, housekeeping, laundry, behavior management, meal assistance, medication assistance, medication administration, medication reminders, medication setup, vital signs, shopping assistance, and assistance with transportation.</p> <p>R1's record contained an admission assessment which occurred on October 9, 2024, and an assessment titled 14-day assessment which occurred on October 24, 2024, which indicated 15 days lapsed between R1's admission assessment and 14-day assessment. Additionally, R1's record included the next assessment occurred on January 25, 2025, which was 93 days after the previous assessment, thus exceeding 90 calendar days.</p> <p>On March 4, 2025, clinical nurse supervisor (CNS)-C stated once they do an assessment, R-tasks (an online medical records and documentation program) will notify when the next assessment is due. CNS-C stated they try to complete assessments 2-3 days prior to the due date. When presented with evidence to show assessments had taken place outside of the required time frames, CNS-C stated, "How is this so?" CNS-C stated they rely on R-tasks to ensure assessments occur on time.</p>	01620		

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01620	<p>Continued From page 9</p> <p>The licensee's 6.01 Assessments, Reviews & Monitoring policy dated February 1, 2024, indicated resident assessments must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessments and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		
01760 SS=F	<p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure that physician orders were transcribed accurately for</p>	01760		

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01760	<p>Continued From page 10</p> <p>one of two residents (R1) and that unlicensed personnel (ULP) followed appropriate medication administration procedures for one of two residents (R1), and failed to ensure</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>R1 was admitted to the licensee on October 9, 2024, to receive assisted living services.</p> <p>R1's Addendum to Contract - Waiver - MN, dated December 8, 2024, indicated that R1 received medication assistance, medication administration, medication reminders, medication setup.</p> <p>Transcription Errors:</p> <ul style="list-style-type: none"> - Gabapentin: R1's Medication Administration Record (MAR) included Gabapentin 2 tabs, but the MAR did not indicate a dosage. - Alprazolam: R1's MAR contained two separate alprazolam orders. <ol style="list-style-type: none"> 1. alprazolam (daily) 0.5 mg, take 1 tablet by mouth once daily as needed (PRN) for severe anxiety. 2. alprazolam (daily) 1 mg, take 1 tablet by mouth up to 2x per day PRN only for extreme anxiety/panic attack. Use sparingly. <p>On March 4, 2025, at 10:34 a.m., clinical nurse</p>	01760		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
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NAME OF PROVIDER OR SUPPLIER RALIANCE GROUP HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2618 LONGFELLOW AVE MINNEAPOLIS, MN 55407
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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
01760	<p>Continued From page 11</p> <p>supervisor (CNS)-C stated the alprazolam 1 mg order was not properly updated following a new order received for 0.5 mg on February 19, 2025. The 1 mg medication should have been discontinued, but it was not removed from the MAR. CNS-C further stated they had not removed the medication at that time due to not receiving clarification from the medical doctor (MD) and offered to call the MD during the survey process to get orders clarified.</p> <p>Incorrect Medication Administration:</p> <p>On March 4, 2025, at 9:27 a.m., R1 requested a PRN for anxiety. The surveyor observed agent (A)-A prepare PRN alprazolam for R1. A-A asked R1 if one tablet was enough. R1 requested two tablets. A-A was observed placing two tablets of 0.5 mg tablets of alprazolam into a medication cup and prepared to leave the medication cabinet to administer this medication to R1. However, after the surveyor verified the order, A-A changed the dosage to one tablet.</p> <p>On March 4, 2025, at 10:39 a.m., CNS-C stated that only one tablet of Alprazolam 0.5 mg should be administered at a time.</p> <p>On March 4, 2025, at 10:59 a.m., A-A stated they were initially going to give two tablets because R1 requested two, citing the resident's anxiety due to an upcoming court date.</p> <p>On March 4, 2025, at 11:05 a.m., CNS-C stated that this situation would be considered a medication error, an incident report would need to be filed, and staff would need to be retrained on proper medication administration procedures.</p>	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
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NAME OF PROVIDER OR SUPPLIER RALIANCE GROUP HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2618 LONGFELLOW AVE MINNEAPOLIS, MN 55407
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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
01760	<p>Continued From page 12</p> <p>The licensee's 7.20 Medication & Treatment Orders policy dated March 1, 2024, indicated the registered nurse (RN) is responsible for assuring that:</p> <ul style="list-style-type: none"> - current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the residents' records - communicated to the resident or responsible party - educate resident or responsible party on all medication and treatment orders, and - changes in orders are addressed in the resident's service plan and are communicated to the other staff. <p>The licensee's 7.27 PRN Medications policy dated February 1, 2024, indicated PRN medications must be administered according to the prescriber's orders.</p> <p>No further information was provided.</p> <p>Time Period for Correction: Seven (7) days</p>	01760		
01880 SS=F	<p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescription medications were securely locked in a substantially constructed compartment and permitted only authorized personnel to have</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
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NAME OF PROVIDER OR SUPPLIER RALIANCE GROUP HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2618 LONGFELLOW AVE MINNEAPOLIS, MN 55407
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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
01880	<p>Continued From page 13</p> <p>access. This had the potential to affect all residents in the facility.</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>On March 4, 2025, from 8:57 a.m. to 9:00 a.m., the surveyor observed the licensee's medication cabinet to be left open with keys left in the lock while medications were being administered by agent (A)-A in the adjacent kitchen.</p> <p>On March 4, 2025, at 9:15 a.m. to 9:19 a.m., the surveyor observed the medication cabinet was left unsecured by A-A. The medication cabinet was able to be accessed by the surveyor while medications were being administered in the adjacent kitchen.</p> <p>On March 4, 2025, at 9:25 a.m. after returning to the medication cabinet to document administration, the surveyor observed A-A securing the medication cabinet.</p> <p>On March 4, 2025, at 10:10 a.m., clinical nurse supervisor (CNS)-C stated the expectation is to have the medication cart locked at all times. CNS-C suggested the staff was nervous due to the survey process.</p> <p>The licensee's 7.11 Medication Storage policy</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
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NAME OF PROVIDER OR SUPPLIER RALIANCE GROUP HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2618 LONGFELLOW AVE MINNEAPOLIS, MN 55407
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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
01880	<p>Continued From page 14</p> <p>dated February 1, 2024, indicated when medications are managed and stored by [licensee name], medications will be kept securely locked and stored per manufacturer's directions. Only authorized staff will have access to stored medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		

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Date: 03/04/25
Time: 11:45:24
Report: 1029251065

Food and Beverage Establishment Inspection Report

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Location:

RALIANCE GROUP HOME LLC
2618 LONGFELLOW AVENUE
Minneapolis, MN55407
Hennepin County, 27

Establishment Info:

ID #: 0044084
Risk:
Announced Inspection: Yes

License Categories:

Expires on: 12/31/24

Operator:

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.

3-500B Microbial Control: hot and cold holding

3-501.16A2

**** Priority 1 ****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

MILK AND OTHER ITEMS IN DANGER ZONE IN REFRIGERATOR FOR SEVERAL DAYS DISCARDED BY REP. REFRIGERATOR SET TO 46F AND ADJUSTED DOWN TO 36F BY REP. REP INSTRUCTED TO VERIFY 41F OR LESS IN REFRIGERATOR PRIOR TO PLACING MORE TCS FOODS INTO COOLER.

Comply By: 03/04/25

4-700 Sanitizing Equipment and Utensils

4-702.11

**** Priority 1 ****

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning. DISHWASHER FAILED TO REACH NSF 184 SANITIZING TEMP. REP INSTRUCTED TO REPAIR OR REPLACE DISHWASHER AND TO USE CHEMICAL SANITIZER AS SHORT TERM SOLUTION UNTIL UNIT IS REPAIRED OR REPLACED. CHEMICAL SANITIZING INFORMATION PROVIDED WITH REPORT.

Comply By: 03/14/25

2-100 Supervision

2-102.11DEFGHI

**** Priority 2 ****

MN Rule 4626.0030DEFGHI The person in charge must be able to demonstrate their knowledge to the inspector of the importance of the following food handling procedures to preventing foodborne disease: handwashing; avoiding cross contamination; avoiding hand contact with ready-to-eat foods; time and temperature requirements for safely refrigerating, hot holding, cooling, and reheating TCS food; hazards of eating raw or undercooked meat, poultry, eggs, and fish; food temperatures and cooking times required to

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Food and Beverage Establishment Inspection Report

Page 2

safely cook TCS food including meat, poultry, eggs, and fish; foods identified as major food allergens and the symptoms of an allergic reaction; identification of critical control points in a food service operation and steps to be taken to ensure the points are controlled.

ESTABLISHMENT REPS UNAWARE OF POULTRY COOK TEMP FOR SAFE SERVICE. POULTRY COOK TEMP AND SAFE COOK TEMPS FOR OTHER ANIMAL PROTEINS COVERED WITH REPS.

Comply By: 03/04/25

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.

NO SMALL DIAMETER PROBE THERMOMETER. REP INSTRUCTED TO OBTAIN SMALL DIAMETER PROBE THERMOMETER.

Comply By: 03/07/25

4-100 Equipment Construction Materials

4-101.19

MN Rule 4626.0495 Remove non-food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling, or that require frequent cleaning, that are not constructed of a corrosion-resistant, non-absorbent, and smooth material.

EXPOSED MDF IN CABINETRY HOLDING EQUIPMENT AND DISHES. REP INSTRUCTED TO COVER WITH LAMINATE OR OTHER MATERIAL TO ENSURE THE FINISH IS SMOOTH, DURABLE, EASILY CLEANABLE, AND NON-ABSORBENT.

Comply By: 03/07/25

4-200 Equipment Design and Construction

4-204.112A

MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.

INTERNAL REFRIGERATOR THERMOMETER IN REAR AND READING ~41F BUT COOLER ITEMS IN DANGER ZONE. THERMOMETER MOVED NEXT TO DOOR TO CAPTURE MORE ACCURATE COOLER TEMPS.

Comply By: 03/04/25

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.

COOLER NOT HOLDING AT 41F AND SET TO 46F. REP ADJUSTED. IF COOLER CANNOT MAINTAIN SAFE TEMPS REPAIR OR REPLACE. DISHWASHER FAILED REACH SANITIZING TEMP. REPAIR OR REPLACE.

Comply By: 03/04/25

Type: Full
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Food and Beverage Establishment Inspection Report

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

HANDWASHING NOTIFICATION SIGNS ABSENT FROM BATHROOM AND KITCHEN HANDWASHING SINKS. REP INSTRUCTED TO PROVIDE SIGNAGE.

Comply By: 03/07/25

Food and Equipment Temperatures

Process/Item: COLD HOLDING/MILK

Temperature: 46 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: Yes

Process/Item: COLD HOLDING/MILK

Temperature: 46 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: Yes

Process/Item: COLD HOLDING/YOGURT

Temperature: 46 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: Yes

Process/Item: COLD HOLDING/HOT DOGS

Temperature: 47 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: Yes

Process/Item: COLD HOLDING/SHELL EGGS

Temperature: 45 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		2	2	4

FOOD AND BEVERAGE SERVICE INSPECTION PERFORMED AS PART OF HRD SURVEY OF FACILITY.

KITCHEN RESIDENTIAL IN NATURE WITH SAME DAY SERVICE FOR PREPARED ITEMS. FACILITY SERVES CLIENTS, ONE OF WHICH IS PART OF A HIGHLY SUSCEPTIBLE POPULATION.

TOPICS REVIEWED:

- EMPLOYEE ILLNESS LOGGING AND EXCLUSION PRACTICES
- COMMON FOODBORNE ILLNESS PATHOGENS AND REPORTING REQUIREMENTS
- VOMIT-FECAL MATTER CLEANUP PROCEDURE
- EMPLOYEE HYGIENE AND HANDWASHING
- HEAT AND CHEMICAL SANITIZING
- TEMPERATURE CONTROL
- HIGHLY SUSCEPTIBLE POPULATION
- DATE MARKING AND LISTERIA

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Food and Beverage Establishment Inspection Report

ALL IDENTIFIED ISSUES REVIEWED WITH ESTABLISHMENT REPRESENTATIVE AND NURSING EVALUATOR.

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 1029251065 of 03/04/25.

Certified Food Protection Manager FADIL ABDURAHMAN ALI

Certification Number: 49670 Expires: 06/24/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

FADIL ALI
ADMINISTRATOR/FOOD
MANAGER

Signed: Trevor McCliment

Trevor McCliment
Public Health Sanitarian
Metro District Office
651-201-3957
trevor.mccliment@state.mn.us

Report #: 1029251065

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pools, and Lodging Services
 625 Robert Street North
 St. Paul

No. of RF/PHI Categories Out	4	Date	03/04/25
No. of Repeat RF/PHI Categories Out	0	Time In	11:45:24
Legal Authority MN Rules Chapter 4626		Time Out	

RALIANCE GROUP HOME LLC	Address 2618 LONGFELLOW AVENUE	City/State Minneapolis, MN	Zip Code 55407	Telephone
License/Permit # 0044084	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 (OUT)		
2	(IN) OUT N/A		
Employee Health			
3	(IN) OUT		
4	(IN) OUT		
5	(IN) OUT		
Good Hygienic Practices			
6	IN OUT (N/O)		
7	(IN) OUT N/O		
Preventing Contamination by Hands			
8	IN OUT (N/O)		
9	IN OUT N/A (N/O)		
10	IN (OUT)		
Approved Source			
11	(IN) OUT		
12	IN OUT N/A (N/O)		
13	(IN) OUT		
14	IN OUT (N/A) N/O		
Protection from Contamination			
15	(IN) OUT N/A N/O		
16	IN (OUT) N/A		
17	(IN) OUT		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	IN OUT N/A (N/O)		
19	IN OUT N/A (N/O)		
20	IN OUT N/A (N/O)		
21	IN OUT N/A (N/O)		
22	IN (OUT) N/A		
23	(IN) OUT N/A N/O		
24	IN OUT (N/A) N/O		
Consumer Advisory			
25	IN OUT (N/A)		
Highly Susceptible Populations			
26	(IN) OUT N/A		
Food and Color Additives and Toxic Substances			
27	IN OUT (N/A)		
28	(IN) OUT		
Conformance with Approved Procedures			
29	IN OUT (N/A)		

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
Safe Food and Water			
30	IN OUT (N/A)		
31			
32	IN OUT (N/A)		
Food Temperature Control			
33			
34	IN OUT N/A (N/O)		
35	IN OUT N/A (N/O)		
36	X		
Food Identification			
37			
Prevention of Food Contamination			
38			
39			
40			
41			
42			

		COS	R
Proper Use of Utensils			
43			
44			
45			
46			
Utensil Equipment and Vending			
47	X		
48			
49			
Physical Facilities			
50			
51			
52			
53			
54			
55			
56			
57			
58			

Food Recalls:

Person in Charge (Signature)

Date: 03/05/25

Inspector (Signature)

Trevor McCliment