



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 14, 2025

Licensee

Diamond Willow Assisted Living
6353 East Superior Street
Duluth, MN 55804

RE: Project Number(s) SL28545016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 11, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH 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. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the

correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,



Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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>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>AMENDED</p> <p>SL28545016-0</p> <p>On September 9, 2025, through September 11, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 26 residents; 26 receiving services under the Assisted Living Facility with Dementia Care license.</p> <p>On December 04, 2025, the initial comments were amended to reflect the correct exit date of September 11, 2025.</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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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
0 480	<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,</p>	0 480		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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
0 480	<p>Continued From page 2</p> <p>existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;</p> <p>(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</p> <p>(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 August 9, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24</p>	0 480		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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
0 480	Continued From page 3 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program to comply with accepted health care, medical, and nursing standards for infection control for one of one employee (unlicensed personnel (ULP)-D) during feeding assistance and three of three employees (ULP-E, ULP-F, ULP-G) during personal cares. 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	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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
0 510	<p>Continued From page 4</p> <p>failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>FEEDING ASSISTANCE</p> <p>On September 9, 2025, at 12:09 p.m., the surveyor observed ULP-D providing feeding assistance to R4 and R5 during lunch. With gloved hands, ULP-D picked up R4's drinking glass and offered R4 a drink and with the same gloved right hand, ULP-D picked up R5's utensil and fed R5 a bite of hamburger gravy and mashed potatoes. ULP-D picked up R5's dinner roll and offered R5 a bit then with the same gloved hands, broke off a piece off R4's dinner roll and fed to R4. During R4 and R5's feeding observation, ULP-D was observed alternating feeding between R4 and R5 with the same gloved hands. At 12:28 p.m., licensed practical nurse (LPN)-B observed ULP-D assist R4 and R5 with lunch and stated ULP-D should not be feeding both residents at the same time and particularly with the same gloved hand.</p> <p>PERSONAL CARES</p> <p>On September 10, 2025, at 7:14 a.m., the surveyor observed ULP-E provide R3's urinary catheter cares. ULP-E washed hands in R3's bathroom, put on a pair of disposable gloves, dampened a washcloth, gathered catheter supplies including an alcohol prep pad, urinary leg drainage bag, non-adhesive 4x4 dressing, and a disposable brief. ULP-E cleansed R3's groin area with the washcloth, skin around catheter insertion site and catheter tubing. Wearing the same pair of gloves, ULP-E applied a non-adhesive dressing around the catheter tubing at the insertion site, disconnected R3's</p>	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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
0 510	<p>Continued From page 5</p> <p>urinary overnight drainage bag, disinfected the end of the catheter tubing with the alcohol prep pads and connected the urinary leg drainage bag. Wearing the same pair of gloves, ULP-E assisted R3 with dressing, put on R3's glasses and watch. ULP-E removed gloves, escorted R3 to the breakfast table then washed hands in the public bathroom. ULP-E went into R3's room rinsed R3's urinary drainage bag with vinegar and water and hung to dry. ULP-E stated ULP-E should have changed gloves after caring for R3's urinary catheter before assisting with R3's dressing.</p> <p>On September 10, 2025, at 8:15 a.m., the surveyor observed ULP-F and ULP-G assist R6 with morning cares. ULP-F and ULP-G put on disposable gloves, assisted with R6's socks, changed R6's shirt, and removed R6's soiled brief. ULP-F washed R6's perineal area then R6's buttocks with disposable wipes. Wearing the same pair of gloves, ULP-F and ULP-G assisted R6 with dressing then transferred R6 with a Hoyer (mechanical transfer device) into R6's Broda chair. ULP-F removed gloves, and without performing hand hygiene, put on R6's glasses, brushed R6's hair and escorted R6 to the breakfast table and ULP-F washed hands.</p> <p>On September 10, 2025, at 9:10 a.m., the surveyor observed ULP-F and ULP-G assist R2 with morning cares and repositioning. ULP-F put a pair of gloves on and explained to R2 it was time for R2 to be changed and repositioned. At 9:11 a.m., ULP-G entered R2's room, put a pair of gloves on, removed R2's shirt, and ULP-F put deodorant on R2 then ULP-G assisted with putting a clean shirt on R2. R2 was turned onto her side and ULP-F removed R2's disposable</p>	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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
0 510	<p>Continued From page 6</p> <p>brief, applied diclofenac gel to R2's back. Wearing the same pair of gloves, ULP-F washed R2's buttocks, put a clean disposable brief under R2, rolled R2 on her back and ULP-F applied nystatin powder to R2's perineal area and fastened R2's brief. ULP-F and ULP-G repositioned R2 onto her left sided and placed a pillow behind R2's back for support. ULP-F and ULP-G removed disposable gloves and washed hands in R2's bathroom.</p> <p>On September 11, 2025, at 11:02 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she was not surprised of staff not frequently changing gloves during resident cares or performing hand hygiene and stated it was an ongoing challenge. LALD/CNS-A stated she consistently works with staff on educating and performing random infection control audits.</p> <p>The licensee's Hand Washing policy dated January 1, 2025, indicated hand washing should be performed, but not limited to:</p> <ul style="list-style-type: none"> -before, during, and after preparing food; -before eating; and -after changing diapers or cleaning up after someone has used the toilet; -when conducting a procedure requiring the use of gloves, proper hand hygiene should be completed before donning (on) and after removing gloves. <p>The licensee's Infection Control Gloves policy dated January 1, 2025, indicated gloves must be worn whenever there may be direct contact between any employee and</p> <p>No further information was provided.</p>	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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
0 510	Continued From page 7 TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of the Minnesota State Fire Code. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On a facility tour on September 9, 2025, from 11:30 a.m. to 1:30 p.m., with director of maintenance (DM)-C, the following observations were made of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511: SPECIAL EXIT DOOR LOCKING ARRANGEMENTS	0 775		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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
0 775	<p>Continued From page 8</p> <p>There was controlled exit door hardware requiring a code to exit installed at all exit doors leading to the exterior exit path.</p> <p>The fire safety and evacuation plan (FSEP) employee procedures failed to include operating procedures for operation of the controlled exit locking system in writing in the FSEP employee procedures.</p> <p>FIRE SPRINKLER SYSTEM MAINTENANCE</p> <p>During the facility tour DM-C, stated the recent fire sprinkler inspection report indicated the tamper switch on the wall hydrant in the rear of the building did not work. On September 9, 2025, at 1:35 p.m., LALD-A, provided the fire sprinkler inspection report dated April 24, 2025, by email indicating the tamper switch on the wall hydrant in the back of the building did not operate to send a trouble signal to alarm panel to notify occupants if the valve was tampered with and opened.</p> <p>It was explained that the tamper switch on the valve shall be repaired to operate and send a tamper signal to the panel to prevent accidental opening of the valve in cold months causing damage to the fire sprinkler system.</p> <p>During the facility tour DM-C, verified the above listed observations while accompanying on the tour. Licensed assisted living director (LALD)-A, also stated the procedures required to operate the controlled egress door locking system were not included in writing in the employee procedures in the FSEP.</p>	0 775		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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
0 775	Continued From page 9 TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
0 810 SS=C	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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
0 810	<p>Continued From page 10</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On September 9, 2025, at 11:45 a.m., licensed assisted living director (LALD)-A, provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p>FIRE SAFETY AND EVACUATION PLAN</p> <p>The licensee provided FSEP, failed to include the following:</p> <p>The available FSEP did not identify specific fire protection actions for residents as evident by not providing procedures for residents to take in this specific facility in the event of a fire or similar emergency in writing in the FSEP.</p> <p>TRAINING</p>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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
0 810	<p>Continued From page 11</p> <p>Record review of the available documentation indicated the licensee failed to provide evacuation training to residents at least once per year as evident by not providing documentation the resident training was provided as required.</p> <p>During an interview on September 9, 2025, at 12:15 p.m., licensed assisted living director (LALD)-A, stated the resident actions required in the event of a fire or similar emergency were not included in the FSEP and training was not provided to residents because the residents would not be able to comprehend the actions required. During the same interview LALD-A, also stated there was one resident that would be able to comprehend the resident actions required during a fire or similar emergency.</p> <p>It was explained that the resident actions to take during a fire or similar emergency and training provided are required to be included in the FSEP for residents that are capable of assisting in their own evacuation.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 810		
01880 SS=E	<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 refrigerated</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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 12</p> <p>medications were maintained at manufacturer recommended temperatures by failing to monitor and document medication refrigerator temperatures for two of two medication refrigerators.</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>During the entrance conference on September 9, 2025, at 9:40 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided secured medication storage to the residents at the facility and the licensee had two medication refrigerators.</p> <p>On September 9, 2025, at 10:58 a.m., the surveyor reviewed the Gitchi Gami medication refrigerator with LALD/CNS-A and observed the following medications were being stored:</p> <ul style="list-style-type: none"> -three unopened Lantus Solostar (long-acting) prefilled insulin pens. <p>On September 9, 2025, at 11:08 a.m., the surveyor reviewed the Lester River medication refrigerator with LALD/CNS-A and observed the following medications were being stored:</p> <ul style="list-style-type: none"> -one unopened simlandi (used to treat inflammatory conditions) prefilled syringe. 	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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>The licensee's medication refrigerator temperature logs for Gitchi Gami's medication refrigerator dated July 1, 2025, through September 11, 2025, indicated the licensee missed the following opportunities to monitor and record the medication refrigerator temperatures:</p> <ul style="list-style-type: none"> -16 out of 31 opportunities in July 2025; -14 out of 31 opportunities in August 2025; and -three out of 11 opportunities in September 2025. <p>The licensee's medication refrigerator temperature logs for Lester River's medication refrigerator dated July 1, 2025, through September 11, 2025, indicated the licensee missed the following opportunities to monitor and record the medication refrigerator temperatures:</p> <ul style="list-style-type: none"> -18 out of 31 opportunities in July 2025; -eight out of 31 opportunities in August 2025; and -one out of 11 opportunities in September 2025. <p>On September 11, 2025, at 11:51 a.m., LALD/CNS-A stated the lead unlicensed personnel (ULP) was primarily responsible to record medication refrigerator temperatures and if the lead ULP had not recorded the temperature, then the ULP on the night shift was responsible. LALD/CNS-A stated medication refrigerator temperatures should be monitored and recorded daily on the log and verified several days were blank where staff did not monitor and record the medication refrigerator temperature for both medication refrigerators.</p> <p>The manufacturer's instructions for Lantus Solostar insulin pen dated June 2022, directed to keep new Lantus insulin pens in the refrigerator between 36 degrees Fahrenheit (F) to 46 F.</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER DIAMOND WILLOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6353 EAST SUPERIOR STREET DULUTH, MN 55804		
(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>The manufacturer's instructions for simlandi dated March 2025, indicated to store simlandi in the refrigerator between 36 F to 46 F. Do not freeze or store in extreme heat or cold.</p> <p>The licensee's Medication Storage policy, dated January 1, 2025, indicated medications would be stored consistent with manufacturer's recommendations (refrigerated, room temperature or frozen).</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		

Food & Beverage Inspection Report

Page: 1

Establishment Info	License Info	Inspection Info
DIAMOND WILLOW ASSISTED LIVING 6353 EAST SUPERIOR STREET Duluth, MN 55804 St Louis County Parcel: Phone:	License: HFID 28545 Risk: License: Expires on: CFPM: Melissa Grams CFPM #: 123905; Exp: 06/09/2027	Report Number: F8010251086 Inspection Type: Follow-up - Single Date: 9/18/2025 Time: 10:30:00 Am Duration: minutes Announced Inspection: No <u>Total Priority 1 Orders: 0</u> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 0</u> Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

THIS WAS A FOLLOW UP INSPECTION TO THE INSPECTION DONE ON 09/09/2025.

ALL ORDERS HAVE BEEN CORRECTED.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Duluth District Office inspection report number F8010251086 from 9/18/2025



Melissa Grams
CFPM

Deb Kosiak,
Public Health Sanitarian 3
218-302-6176
deb.kosiak@state.mn.us



Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Temperature Observations/Recordings

Page: 1

Establishment Info

DIAMOND WILLOW ASSISTED LIVING
Duluth
County/Group: St Louis County

Inspection Info

Report Number: F8010251086
Inspection Type: Follow-up
Date: 9/18/2025
Time: 10:30:00 Am

Food Temperature: Product/Item/Unit: MILK GITCHI GAMMI SUPPLY ROOM; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 35 Degrees F.

Comment:

Violation Issued?: Yes



Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Sanitizer Observations/Recordings

Page: 1

Establishment Info

DIAMOND WILLOW ASSISTED LIVING
Duluth
County/Group: St Louis County

Inspection Info

Report Number: F8010251086
Inspection Type: Follow-up
Date: 9/18/2025
Time: 10:30:00 Am

Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Spray Bottle/Gitchi Gammi

Location: Kitchen **Equal To** 100 PPM

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Spray Bottle

Location: Kitchen/Lester River **Equal To** 100 PPM

Comment:

Violation Issued?: No

Food Establishment Inspection Report

 <p>Duluth District Office Minnesota Department of Health 11 East Superior Street, Suite 290 Duluth, MN 55802</p>			No. of Risk Factor/Intervention/Violations		0	Date: 9/18/2025	
			No. of Repeat Risk Factor/Intervention/Violations			Time: 10:30 AM	
			Score (optional)			Dur: min	
Establishment: DIAMOND WILLOW ASSISTED LIVING		Address: 6353 EAST SUPERIOR STREET		City/State: Duluth, MN	Zip: 55804	Phone:	
License/Permit #: HFID 28545		Permit Holder:		Purpose of Inspection: Follow-up		Est. Type:	Risk Category:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R
Supervision				
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	IN	Certified Food Protection Manager		
Employee Health				
3	IN	knowledge, responsibilities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
Good Hygienic Practices				
6	IN	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
8	IN	Hands clean and properly washed		
9	IN	No bare hand contact with RTE foods, alternatives		
10	IN	Adequate handwashing sinks supplied and access		
Approved Source				
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	IN	Food in good condition, safe & unadulterated		
14	N/A	Records available: shellstock tags, parasite dest.		
Protection From Contamination				
15	IN	Food separated and protected		
16	IN	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned, & unsafe food		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions 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" or OUT in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R
Safe Food and Water				
30	IN	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34	N/O	Plant food properly cooked for hot holding		
35	N/O	Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37		Food properly labeled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present; no unauthorized person		
39		Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		
Person in Charge (signature)				
Inspector (signature)			Follow-up: _____ Follow-up Date: _____	
<i>Deborah Kosiak</i>				

Food & Beverage Inspection Report

Page: 1

Establishment Info	License Info	Inspection Info
DIAMOND WILLOW ASSISTED LIVING 6353 EAST SUPERIOR STREET Duluth, MN 55804 St Louis County Parcel: Phone:	License: HFID 28545 Risk: License: Expires on: CFPM: Melissa Grams CFPM #: 123905; Exp: 06/09/2027	Report Number: F8010251075 Inspection Type: Full - Single Date: 9/9/2025 Time: 10:30:00 AM Duration: minutes Announced Inspection: No <u>Total Priority 1 Orders: 4</u> <u>Total Priority 2 Orders: 4</u> <u>Total Priority 3 Orders: 1</u> Delivery: Emailed

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) Priority Level: Priority 1 CFP#: 15

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

COMMENT: GITCHI GAMMI AND LESTER RIVER-RAW EGGS WERE STORED ABOVE READY TO EAT FOODS IN THE REFRIGERATORS. STORE RAW EGGS ON THE BOTTOMS SHELVES. RAW EGGS WERE MOVED TO THE BOTTOM SHELVES.

Comply By: Complied On Site Originally Issued On: 9/9/2025

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(2) Priority Level: Priority 1 CFP#: 15

MN Rule 4626.0235A(2) Separate types of raw animal foods from other raw animal foods during storage, preparation and display based on cook temperature.

COMMENT: GITCHI GAMMI-PACKAGES OF RAW HAMBURGER, RAW CHICKEN AND READY TO EAT DICED HAM WERE STORED TOGETHER IN ONE CONTAINER IN THE REFRIGERATOR. SEPARATE FOODS TO PREVENT CROSS CONTAMINATION.

FOOD PACKAGES WERE CLEANED AND SEPARATED.

Comply By: Complied On Site Originally Issued On: 9/9/2025

New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.12 Priority Level: Priority 3 CFP#: 37

MN Rule 4626.0240 Properly label all working containers holding food or food ingredients that are removed from original packages with the common name of the food. Label the food in English and any other languages used by employees who handle food.

COMMENT: LESTER RIVER-CONTAINERS HOLDING FLOUR AND POWDERED SUGAR DID NOT HAVE LABELS.

Comply By: 9/9/2025 Originally Issued On: 9/9/2025

! New Order: 3-300C Protection from Contamination: equipment/utensils, consumers

3-304.11A Priority Level: Priority 1 CFP#: 15

MN Rule 4626.0270A Do not allow food to contact surfaces of equipment and utensils that are not cleaned and sanitized.

COMMENT: GITCHI GAMMI AND LESTER RIVER- WASH, RINSE AND SANITIZE ONE OF THE TWO COMPARTMENT SINKS BEFORE RINSING VEGETABLES AND FRUITS. USE AN APPROVED SANITIZER SUCH AS BLEACH AT THE PROPER CONCENTRATION AND TEST THE CONCENTRATION OF THE SANITIZER WITH A TEST STRIP.

THE CONCENTRATION IS BETWEEN 50-200 PPM.

Comply By: 9/9/2025 Originally Issued On: 9/9/2025

! New Order: 3-500B Microbial Control: hot and cold holding

3-501.16A2 Priority Level: Priority 1 CFP#: 22

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

COMMENT: GITCHI GAMMI SUPPLY ROOM REFRIGERATOR-THE TEMPERATURE OF MILK 42F EXCEEDED THE MAXIMUM TEMPERATURE OF 41F. REFRIGERATOR WAS TURNED COLDER.

Comply By: Complied On Site Originally Issued On: 9/9/2025

New Order: 4-300 Equipment Numbers and Capacities

4-302.13B Priority Level: Priority 2 CFP#: 48

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

COMMENT: GITCHI GAMMI AND LESTER RIVER-PROVIDE TEMPERATURE TEST TAPES FOR MEASURING THE SURFACE TEMPERATURE OF THE DISHWASHERS.

Comply By: 9/9/2025 Originally Issued On: 9/9/2025

New Order: 4-300 Equipment Numbers and Capacities

4-302.14 Priority Level: Priority 2 CFP#: 48

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

COMMENT: GITCHI GAMMI AND LESTER RIVER-PROVIDE TEST STRIPS TO TEST THE CONCENTRATION OF A CHLORINE BLEACH SANITIZER TO USE ON FOOD CONTACT SURFACES AND FOR SANITIZING ONE OF THE TWO COMPARTMENT SINKS BEFORE RINSING VEGETABLES AND FRUITS.

Comply By: 9/9/2025 Originally Issued On: 9/9/2025

New Order: 4-600 Cleaning Equipment and Utensils

4-601.11A Priority Level: Priority 2 CFP#: 16

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

COMMENT: LESTER RIVER-HANDLES ON GLASS LOAF PANS AND THE SILVERWARE DRAWER HAD FOOD DEBRIS. REPLACE LOAF PANS AND CLEAN SILVERWARE DRAWER.

Comply By: 9/9/2025 Originally Issued On: 9/9/2025

New Order: 6-300 Physical Facility Numbers and Capacities

6-301.11 Priority Level: Priority 2 CFP#: 10

MN Rule 4626.1440 Provide an adequate supply of hand soap at each handwashing sink or group of 2 adjacent handwashing sinks.

COMMENT: LESTER RIVER-THERE WAS NO SOAP AT THE HANDSINK. SOAP WAS PROVIDED.

Comply By: Complied On Site Originally Issued On: 9/9/2025

Food & Beverage General Comment

INSPECTED THE TWO FOOD SERVICE KITCHENS GITCHE GAMMI AND LESTER RIVER.

REVIEWED THE EMPLOYEE ILLNESS LOG SHEET AND DISCUSSED THE EXCLUSION OF EMPLOYEES ILL WITH VOMITING OR DIARRHEA FROM THE FOOD ESTABLISHMENT FOR 24 HOURS AFTER SYMPTOMS ARE GONE. BE SURE TO RECORD WHEN AN EMPLOYEE RETURNS TO WORK AFTER AN ILLNESS ON THE EMPLOYEE ILLNESS LOG SHEET.

FOODS ARE PREPARED FOR SAME DAY SERVICE AND LEFTOVERS ARE DISCARDED.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Duluth District Office inspection report number F8010251075 from 9/9/2025



Melissa Grams

CFPM

Deb Kosiak,

Public Health Sanitarian 3

218-302-6176

deb.kosiak@state.mn.us

Temperature Observations/Recordings

Page: 1

Establishment Info

DIAMOND WILLOW ASSISTED LIVING
Duluth
County/Group: St Louis County

Inspection Info

Report Number: F8010251075
Inspection Type: Full
Date: 9/9/2025
Time: 10:30:00 AM

Food Temperature: Product/Item/Unit: MILK GITCHI GAMMI SUPPLY ROOM; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 42 Degrees F.

Comment: SUPPLY ROOM FRIGIDAIRE WAS TURNED COLDER

Violation Issued?: Yes

Food Temperature: Product/Item/Unit: MILK GITCHI GAMMI; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 41 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: RAW CHICKEN GITCHI GAMMI; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 29 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: RAW HAMBURGER GITCHI GAMMI; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 31 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: FOODS FROZEN GITCHI GAMMI; **Temperature Process:** Cold-Holding

Location: Upright Freezer at Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: FOODS FROZEN GITCHI GAMMI SUPPLY ROOM; **Temperature Process:** Cold-Holding

Location: SUPPLY ROOM TOP FREEZER at Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK LESTER RIVER; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 41 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK LESTER RIVER SUPPLY ROOM; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: PREPACKAGED SLICED HAM ; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 38 Degrees F.

Comment: LESTER RIVER SUPPLY ROOM

Violation Issued?: No

Food Temperature: Product/Item/Unit: FOODS FROZEN LESTER RIVER; Temperature Process: Cold-Holding

Location: Upright Cooler at Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: FOODS FROZEN LESTER RIVER; Temperature Process: Cold-Holding

Location: SUPPLY ROOM TOP FREEZER at Degrees F.

Comment:

Violation Issued?: No



Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Sanitizer Observations/Recordings

Page: 1

Establishment Info

DIAMOND WILLOW ASSISTED LIVING
Duluth
County/Group: St Louis County

Inspection Info

Report Number: F8010251075
Inspection Type: Full
Date: 9/9/2025
Time: 10:30:00 AM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Kitchen GITCHI GAMMI **Equal To** 160F Degrees F.

Comment: TEMP TAPE TURNED BLACK

Violation Issued?: No

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Kitchen LESTER RIVER **Equal To** 160F Degrees F.

Comment: TEMP TAPE TURNED BLACK

Violation Issued?: No

Food Establishment Inspection Report

 <p>Duluth District Office Minnesota Department of Health 11 East Superior Street, Suite 290 Duluth, MN 55802</p>			No. of Risk Factor/Intervention/Violations		4	Date: 9/9/2025	
			No. of Repeat Risk Factor/Intervention/Violations			Time: 10:30 AM	
			Score (optional)			Dur: min	
Establishment: DIAMOND WILLOW ASSISTED LIVING		Address: 6353 EAST SUPERIOR STREET		City/State: Duluth, MN	Zip: 55804	Phone:	
License/Permit #: HFID 28545		Permit Holder:		Purpose of Inspection: Full		Est. Type:	Risk Category:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R
Supervision				
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	IN	Certified Food Protection Manager		
Employee Health				
3	IN	knowledge, responsibilities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
Good Hygienic Practices				
6	IN	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
8	IN	Hands clean and properly washed		
9	IN	No bare hand contact with RTE foods, alternatives		
10	OUT	Adequate handwashing sinks supplied and access	X	
Approved Source				
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	IN	Food in good condition, safe & unadulterated		
14	N/A	Records available: shellstock tags, parasite dest.		
Protection From Contamination				
15	OUT	Food separated and protected		
16	OUT	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status COS R

Time/Temperature Control for Safety

18	N/O	Proper cooking time & temperatures		
19	N/A	Proper reheating procedures for hot holding		
20	N/A	Proper cooling time and temperature		
21	N/O	Proper hot holding temperatures		
22	OUT	Proper cold holding temperatures	X	
23	IN	Proper date marking & disposition		
24	N/A	Time as public health control; procedures & record		

Consumer Advisory				
25	N/A	Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations				
26	IN	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances				
27	IN	Food additives; approved & properly used		
28	IN	Toxic substances properly identified; stored; used		
Conformance with Approved Procedures				
29	N/A	Compliance with variance, specialized processes & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES			COS	R
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				
Mark "X" or OUT 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				
30	IN	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34	N/O	Plant food properly cooked for hot holding		
35	N/O	Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37	X	Food properly labeled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present; no unauthorized person		
39		Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		
Person in Charge (signature)				
Inspector (signature)			Follow-up: Follow-up Date:	

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