

Electronically Delivered

December 31, 2024

Licensee
Founders Ridge
6600 Auto Club Road
Bloomington, MN 55438

RE: Project Number(s) SL28701016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 15, 2024, 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.

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 . . ."

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

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>

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.

INFORMAL CONFERENCE

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Founders Ridge. Please contact Jess Schoenecker at 651-201-3789 on or before Friday, January 3, 2025, to schedule the conference call.

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,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER FOUNDERS RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 AUTO CLUB ROAD BLOOMINGTON, MN 55438		
(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>SL28701016-0</p> <p>On November 12, 2024, through November 15, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 46 residents receiving services under the Assisted Living Facility with Dementia Care 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>	
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1)Beginning August 1, 2021, no assisted living	0 100		

Minnesota Department of Health

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

TITLE

(X6) DATE

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0 100	<p>Continued From page 1</p> <p>facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</p>	0 100		

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0 100	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee was not legally responsible for the management, control, and operation of the whole facility in which the licensee had provided assisted living services to residents and independent living apartments not included under the assisted living licensure.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client'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 November 14, 2024, at 12:25 p.m., the surveyor toured the facility with environmental services director (ESD)-F. During the tour, the surveyor observed the following:</p> <ul style="list-style-type: none"> - the address for the assisted living facility and unlicensed independent living apartments were identified as 6600 Auto Club Road; - the main entrance for the facility served both the residents under the assisted living license and the unlicensed independent living apartments; and - when entering the facility through the main entrance, the elevator, stairs, and corridor used to access the assisted living facility required passage through the unlicensed independent living part of the building. 	0 100		

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0 100	<p>Continued From page 3</p> <p>On November 14, 2024, during the facility tour, at 12:25 p.m., ESD-F stated the lobby area for the main entrance of the building and the three independent living wings were not licensed under the assisted living licensure.</p> <p>The licensee's Application for Assisted Living License, signed on May 20, 2021, indicated the following:</p> <ul style="list-style-type: none"> - page 1, the physical address of the facility was 6600 Auto Club Road, Bloomington, Minnesota, 55438. - page 2, the assisted living license would be structured as one building at one address with one property identification number. - Page 5, the authorized agent who had signed the assisted living license application indicated they had read the Minnesota Statute, chapter 144G and Minnesota Rules, chapter 4659, governing the provision of assisted living facilities, and understood as a licensee, they would be legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 100		
0 480 SS=F	<p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</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</p>	0 480		

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0 480	<p>Continued From page 4</p> <p>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 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</p>	0 480		

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0 480	<p>Continued From page 5</p> <p>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) 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>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 13, 2024, 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 to the FBEIR for any compliance dates.</p>	0 480		
0 650 SS=F	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of	0 650		

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0 650	<p>Continued From page 6</p> <p>each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for two of two unlicensed personnel ((ULP)-A, ULP-B) who were employed greater than one year.</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</p>	0 650		

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0 650	<p>Continued From page 7 portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-A was hired on December 1, 2021.</p> <p>ULP-A's employee record lacked evidence of completed annual performance review for 2022.</p> <p>ULP-B was hired on June 3, 2013.</p> <p>ULP-B's employee record lacked evidence of completed annual performance review for 2022.</p> <p>On November 14, 2024, at 8:50 a.m., clinical nurse supervisor (CNS)-D stated the licensee was missing annual performance reviews for 2022 due to not having a consistent clinical administrator at that time. CNS-D stated they were working on getting these up to date still as they plan to do the 2024 reviews in November or December.</p> <p>The licensee's MN AL Delegation and Supervision policy dated August 9, 2022, indicated performance reviews would be conducted annually at a minimum.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 650		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p>	0 780		

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0 780	<p>Continued From page 8</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <ul style="list-style-type: none"> (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with State Fire Code in Minnesota Rules, Chapter 7511. This had the potential to directly affect all residents, staff, and visitors.</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 potential to affect a large portion or all of the residents).</p>	0 780		

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0 780	<p>Continued From page 9</p> <p>The findings include:</p> <p>On November 14, 2024, at 12:25 p.m., the surveyor toured the facility with environmental services director (ESD)-F. During the tour, the surveyor observed the following:</p> <ul style="list-style-type: none"> - The door closer was disconnected on the labeled fire door for the spa room on the second floor. - The labeled fire door for the second floor laundry room was held open by a magnetic door catch not connected to the existing fire alarm system in the building. - The labeled fire door for the third floor laundry room was held open by a dust pan wedged under the door. - Magnetic door catches not connected to the existing fire alarm system in the building were installed on labeled fire doors for resident rooms 255, 256, 257, and 356. - The labeled fire door for resident room 350 was held open with a wedge. <p>Devices used to hold open fire doors must not prohibit the required operation and closing feature of the door.</p> <p>During the facility tour interview on November 14, 2024, ESD-F verified the above listed observations.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 780		
0 810 SS=F	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	0 810		

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0 810	<p>Continued From page 10</p> <p>plans shall include but are not limited to:</p> <p>(1) location and number of resident sleeping rooms;</p> <p>(2) staff actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(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.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p> This MN Requirement is not met as evidenced by: Based on observation and record review, the licensee failed to develop the fire safety and evacuation floor plan with the required content. 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</p>	0 810		

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0 810	<p>Continued From page 11</p> <p>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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On November 14, 2024, at 12:25 p.m., the surveyor toured the facility with environmental services director (ESD)-F. During the tour, the surveyor observed the posted fire safety and evacuation floor plans did not identify the location and number of resident sleeping rooms.</p> <p>Additionally, the layout on several of the posted floor plans was not accurate.</p> <p>During the facility tour interview on November 14, 2024, ESD-F verified the above listed observations.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
02310 SS=D	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for one of one resident (R5) with oxygen.</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER FOUNDERS RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 AUTO CLUB ROAD BLOOMINGTON, MN 55438		
(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
02310	<p>Continued From page 12</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On November 14, 2024, during a tour, at approximately 1:00 p.m., the surveyor observed R5's room 249 with environmental services director (ESD)-F. During the tour, the surveyor observed R5's door to room 249, had a sign posted that indicated oxygen was in use. The surveyor observed three oxygen cylinders stored in the closet; and the oxygen cylinders were not in racks or holders.</p> <p>On November 14, 2024, during a tour, at approximately 1:00 p.m., ESD-F verified the three oxygen cylinders were not stored in racks or holders.</p> <p>R5 was admitted to licensee on April 7, 2023.</p> <p>R5's Service Recap Summary dated November 2024, indicated R5 received services that included oxygen management.</p> <p>R5's Master Care Plan dated September 26, 2024, indicated R5 was dependent on caregivers to change oxygen from room concentrator to portable oxygen tank as needed for meals and activities.</p> <p>On November 15, 2024, at 2:42 p.m., clinical</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER FOUNDERS RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 AUTO CLUB ROAD BLOOMINGTON, MN 55438		
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02310	<p>Continued From page 13</p> <p>nurse supervisor (CNS)-D stated the nurses on the floor usually manage this and [R5] had a personal care assistant (PCA) seven days a week in which at times they may move the oxygen tanks. CNS-D stated they would provide education to the other company as they have had conversations with them in the past. Also, CNS-D stated they planned to add a service for the nurse to check the oxygen tanks daily.</p> <p>The Minnesota Department of Health Oxygen Cylinder Storage Requirements dated April 16, 2020, indicated cylinders must be secured (chains or racks) to prevent them from falling over.</p> <p>The licensee's AL Oxygen Assistance, administration and Storage policy dated March 7, 2023, indicated the oxygen tanks would be secured and stored upright, in cylinder racking.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	02310		

Type: Full
Date: 11/13/24
Time: 10:23:16
Report: 8044241356
Founders Ridge - The Hearth

Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Cold Holding
Temperature: 47.2 Degrees Fahrenheit - Location: Egg salad in fridge
Violation Issued: Yes

Process/Item: Cold Holding
Temperature: 48.4 Degrees Fahrenheit - Location: Fridge
Violation Issued: Yes

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

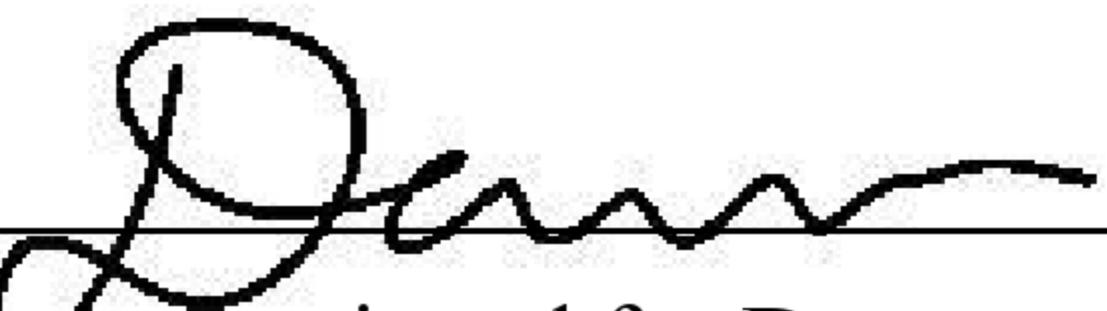
NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 8044241356 of 11/13/24.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed: 
Inspector signed for Dawn

Signed: 
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-216-1096
michael.demars@state.mn.us