



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

August 20, 2025

Licensee

The Landmark of Fridley  
6490 Central Avenue Northeast  
Fridley, MN 55432

RE: Project Number(s) SL28887016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 16, 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 . . ."

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](mailto: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,



Kelly Thorson, Supervisor  
State Evaluation Team  
Email: [Kelly.Thorson@state.mn.us](mailto:Kelly.Thorson@state.mn.us)  
Telephone: 320-223-7336 Fax: 1-866-890-9290

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28887</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE LANDMARK OF FRIDLEY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>6490 CENTRAL AVENUE NE FRIDLEY, MN 55432</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>***ATTENTION***</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 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>SL28887016</p> <p>On July 14, 2025, through July 16, 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 72 residents; 68 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License 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 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 surveyors' 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 subd. 1, 2, and 3.</p>	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements  (11) develop and implement a staffing plan for determining its staffing level that:	0 470		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 470	<p>Continued From page 1</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and</p> <p>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;</p> <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <p>(i) awake;</p> <p>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement a written staffing plan that included an evaluation completed by the clinical nurse supervisor (CNS) (as indicated in Minnesota Administrative Rule 4659.0180) at least twice a 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</p>	0 470		

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0 470	<p>Continued From page 2</p> <p>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 the residents).</p> <p>The findings include:</p> <p>The licensee held an assisted living with dementia care license and was licensed for a capacity of 75 residents and had a current census of 72 residents.</p> <p>On July 16, 2025, at 12:00 p.m., clinical nurse supervisor (CNS)-B stated they discuss staffing at their quality management meetings but did not have documentation of twice a year evaluation of the staffing plan.</p> <p>The licensee's Staffing Requirements policy last reviewed February 2024, indicated the clinical nurse supervisor must develop and implement a written staffing plan that provides an adequate number of qualified direct care staff to meet the residents needs 24 hours a day, seven days per week.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 470		
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>	0 480		

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0 480	<p>Continued From page 3</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 allowed provided the facility keeps them clean and in good condition;</p> <p>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant</p>	0 480		

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0 480	<p>Continued From page 4</p> <p>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, July 15, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Please refer to the FBEIR for any compliance dates.</p>	0 480		

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0 660 SS=F	<p>Continued From page 5</p> <p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test, and a history and symptom screening for one of two employees unlicensed personnel (ULP)-C.</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</p>	0 660		

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0 660	<p>Continued From page 6 the residents).</p> <p>The findings include:</p> <p>The facility TB risk assessment completed April 21, 2025, indicated the facility was at a low risk for TB transmission.</p> <p>ULP-C began employment on March 27, 2025, to provide direct care services. ULP-C's record lacked evidence a TB baseline screening to include either a TST or a blood test had been completed upon hire and that a history and symptom screening had been completed.</p> <p>On July 16, 2025, at 11:55 a.m. licensed assisted living director (LALD)-A stated our process is for anyone we want to move forward with the hiring process is sent in for TB testing before they even start training and unfortunately ULP-C was missed for both the blood test and the history and symptom screening.</p> <p>The licensee's TB Infection Control Plan policy dated/last revised May 2024, indicated all health care workers should receive baseline TB screening upon hire using a two-step TST or single blood test to test for infection with M. tuberculosis. Baseline screening is required for all health care workers. Baseline screening consists of three components: assessing for current symptoms of active TB disease, assessment of TB history, and testing for the presence of m-tuberculosis.</p> <p>The Minnesota Department of Health guidelines Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include an annual facility</p>	0 660		

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0 660	<p>Continued From page 7</p> <p>TB risk assessment. The guidelines also indicated an employee may begin working with patients (residents) after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. Baseline TB screening should be documented in the employee's record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
01750 SS=D	<p>144G.71 Subd. 7 Delegation of medication administration</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <p>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the administration of client medications by unlicensed personnel (ULP) followed acceptable standards for one of one employee (ULP-C) observed</p>	01750		

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01750	<p>Continued From page 8 during medication pass.</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 client'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 clients 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>ULP-C began employment on March 27, 2025, and provided services, including medication administration, to the licensee's residents.</p> <p>On July 15, 2025, at 10:37 a.m., the surveyor observed ULP-C administer insulin to R4. ULP-C sanitized hands, checked R4's blood glucose level, added a needle to the insulin pen and dialed up 10 units per provider order. ULP-C failed to clean the hub of the insulin pen with an alcohol wipe before applying the needle and failed to prime the insulin pen with two units.</p> <p>On July 15, 2025, at 10:48 a.m., ULP-C stated she was trained to clean the hub of the insulin pen before applying a needle and to prime two units before administering the insulin. ULP-C further stated she always did this and was nervous today and forgot those steps.</p> <p>On July 15, 2025, at 10:57 a.m., clinical nurse supervisor (CNS)-B stated staff have been trained and are expected to clean the hub of the insulin pen before applying a needle and to prime insulin pens with two units before administration.</p>	01750		

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01750	<p>Continued From page 9</p> <p>The licensee's undated Skill: Assisting with Insulin Administration training document indicated to remove pen cap and clean rubber seal with alcohol swab for 15 seconds and the insulin pen is to be primed prior to each use to prevent the collection of air in the insulin reservoir.</p> <p>No further information was provided.</p> <p>Time period for correction: Seven (7) days</p>	01750		

## Food & Beverage Inspection Report

Page: 1

Establishment Info	License Info	Inspection Info
The Landmark of Fridley 6490 Central Avenue NE Fridley, MN 55432 Anoka County Parcel: Phone:	License: HFID 28887  Risk: License: Expires on: CFPM: SHAWN ROBERT RICHARDSON CFPM #: 53993; Exp: 11/12/2027	Report Number: F1029251066 Inspection Type: Full - Single Date: 7/15/2025 Time: 10:19:45 AM Duration: minutes Announced Inspection: <u>Total Priority 1 Orders: 1</u> <u>Total Priority 2 Orders: 1</u> <u>Total Priority 3 Orders: 4</u> Delivery:

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

3-304.14B      Priority Level: Priority 3   CFP#: 41

*MN Rule 4626.0285B* Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

COMMENT: WIPING CLOTH NOT IN USE AND NOT IN SANITIZER. OPERATOR INSTRUCTED TO HOLD IN SANITIZER SOLUTION WHEN NOT IN USE TO PREVENT BACTERIAL PROLIFERATION.

Comply By: 7/15/2025      Originally Issued On: 7/15/2025

### New Order: 4-200 Equipment Design and Construction

4-201.11AMN      Priority Level: Priority 3   CFP#: 47

*MN Rule 4626.0506A* Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

COMMENT: ESTABLISHMENT USING RESIDENTIAL BBQ GRILL FOR FOODS PREPARED FOR RESIDENTS. OPERATOR INSTRUCTED TO DISCONTINUE USING TO PREPARE FOODS FOR CLIENTS.

Comply By: 7/15/2025      Originally Issued On: 7/15/2025

### ! New Order: 4-500 Equipment Maintenance and Operation

4-501.114C3      Priority Level: Priority 1   CFP#: 16

*MN Rule 4626.0805C3* Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

COMMENT: QUAT OUT OF DISPENSER 50 PPM. OPERATOR INSTRUCTED TO HAND MIX SOLUTIONS TO SAFE SANITIZING LEVELS UNTIL DISPENSER IS REPAIRED OR REPLACED.

Comply By: 7/15/2025      Originally Issued On: 7/15/2025

### New Order: 4-500 Equipment Maintenance and Operation

4-501.11AB      Priority Level: Priority 3   CFP#: 47

*MN Rule 4626.0735AB* All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

COMMENT: QUAT DISPENSER NOT WORKING WELL. OPERATOR INSTRUCTED TO REPAIR OR REPLACE.

Comply By: 7/15/2025      Originally Issued On: 7/15/2025

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**New Order: 4-600 Cleaning Equipment and Utensils**

4-602.11E      Priority Level: Priority 3   CFP#: 16

*MN Rule 4626.0845E* Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.

COMMENT: TUBE IN ICE MACHINE WITH MOLD. OPERATOR INSTRUCTED TO CLEAN ALL APPLICABLE COMPONENTS OF MACHINE OFTEN ENOUGH TO PREVENT BUILD UP AND MOLD FORMATION.

Comply By: 7/15/2025      Originally Issued On: 7/15/2025

**New Order: 7-100 Toxic Labeling**

7-102.11      Priority Level: Priority 2   CFP#: 28

*MN Rule 4626.1595* Clearly label all working containers used for storing poisonous or toxic materials from bulk supplies such as sanitizers and cleaners, with the common name of the product.

COMMENT: SPRAY BOTTLES WITH SANITIZER WITHOUT IDENTIFIERS. OPERATOR INSTRUCTED TO LABEL ALL CHEMICAL CONTAINERS IF TAKEN OUT OF ORIGINAL CONTAINER.

Comply By: 7/15/2025      Originally Issued On: 7/15/2025

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## Food & Beverage General Comment

FOOD AND BEVERAGE INSPECTION OF ASSISTED LIVING FACILITY PERFORMED AS PART OF HRD NURSE SURVEY. FOODBORNE ILLNESS RISK FACTORS AND FOOD SAFETY REVIEWED WITH ESTABLISHMENT REPRESENTATIVES.

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**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 Metro District Office inspection report number F1029251066 from 7/15/2025

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SHAWN RICHARSON  
CULINARY DIRECTOR

Trevor McCliment  
Trevor McCliment,  
Public Health Sanitarian 3  
651-201-3957  
trevor.mccliment@state.mn.us



Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164

## Temperature Observations/Recordings

Page: 1

### Establishment Info

The Landmark of Fridley  
Fridley  
County/Group: Anoka County

### Inspection Info

Report Number: F1029251066  
Inspection Type: Full  
Date: 7/15/2025  
Time: 10:19:45 AM

**New Record:** Product/Item/Unit: MILK; Temperature Process: COLD HOLDING

**Location:** COOLER/FREEZER COMBO IN MEMORY CARE at 40 Degrees F.

Comment:

*Violation Issued?: No*

**New Record:** Product/Item/Unit: PORTIONED SOUR CREAM; Temperature Process: COLD HOLDING

**Location:** SERVER STATION COUNTER COOLER at 38 Degrees F.

Comment:

*Violation Issued?: No*

**New Record:** Product/Item/Unit: MILK; Temperature Process: COOLING BACK DOWN FROM JUST BEING OUT

**Location:** SERVER STATION COUNTER COOLER at 43 Degrees F.

Comment:

*Violation Issued?: No*

**New Record:** Product/Item/Unit: MILK; Temperature Process: COLD HOLDING

**Location:** WALK-IN COOLER at 38 Degrees F.

Comment:

*Violation Issued?: No*

**New Record:** Product/Item/Unit: CUT MELON; Temperature Process: COLD HOLDING

**Location:** PREP COOLER at 36 Degrees F.

Comment:

*Violation Issued?: No*

**New Record:** Product/Item/Unit: SLICED HAM; Temperature Process: COLD HOLDING

**Location:** PREP COOLER at 36 Degrees F.

Comment:

*Violation Issued?: No*



Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164

## Sanitizer Observations/Recordings

Page: 1

### Establishment Info

The Landmark of Fridley  
Fridley  
County/Group: Anoka County

### Inspection Info

Report Number: F1029251066  
Inspection Type: Full  
Date: 7/15/2025  
Time: 10:19:45 AM

**Sanitizing Chemical:** Product: QUATERNARY AMMONIUM; **Sanitizing Process:** DISPENSER

**Location:** KITCHEN Less Than 100 PPM

Comment:

*Violation Issued?: No*

**Sanitizing Equipment:** Product: Hot Water; **Sanitizing Process:** KITCHEN DISHWASHER

**Location:** KITCHEN Equal To 168 Degrees F.

Comment:

*Violation Issued?: No*

**Sanitizing Equipment:** Product: Hot Water; **Sanitizing Process:** DISHWASHER

**Location:** MEMORY CARE Equal To 160 Degrees F.

Comment:

*Violation Issued?: No*

## Food Establishment Inspection Report

 <p>Metro District Office Minnesota Department of Health 625 Robert St N, PO BOX 64975 St Paul, MN 55164</p>		No. of Risk Factor/Intervention/Violations		1	Date: 7/15/2025
		No. of Repeat Risk Factor/Intervention/Violations			Time: 10:19:45 AM
		Score (optional)			Dur: min
Establishment: The Landmark of Fridley		Address: 6490 Central Avenue NE		City/State: Fridley, MN Zip: 55432 Phone:	
License/Permit #: HFID 28887		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
<b>Supervision</b>				
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	IN	Certified Food Protection Manager		
<b>Employee Health</b>				
3	IN	knowledge, responsibilities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
<b>Good Hygienic Practices</b>				
6	N/O	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>				
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		
<b>Approved Source</b>				
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.		
<b>Protection From Contamination</b>				
15	IN	Food separated and protected		
16	OUT	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned, & unsafe food		

## 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
<b>Safe Food and Water</b>				
30	N/A	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>				
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		
<b>Food Identification</b>				
37		Food properly labeled; original container		
<b>Prevention of Food Contamination</b>				
38		Insects, rodents, & animals not present; no unauthorized person		
39		Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41	X	Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		
Person in Charge (signature)				
Inspector (signature)	<i>Trevor McCleme</i>			
Follow-up:		Follow-up Date:		

**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