



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

Electronically Delivered

November 15, 2024

Licensee  
The Waters Of Edina  
6300 Colonial Way  
Edina, MN 55436

RE: Project Number(s) SL29647014

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 10, 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.

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 for widespread violations;

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

Level 4: a fine of \$5,000 per incident, 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**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. 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](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,

A handwritten signature in cursive script that reads "Jessica Chenze".

Jessie Chenze, Supervisor

State Evaluation Team

Email: [jessie.chenze@state.mn.us](mailto: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:  <b>29647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WATERS OF EDINA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 COLONIAL WAY EDINA, MN 55436</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p><b>Initial Comments</b></p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></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><b>INITIAL COMMENTS:</b></p> <p><b>SL29647014</b></p> <p>On October 7, 2024, through October 10, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 130 resident(s); 88 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><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
0 480 SS=F	<b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b>	0 480		

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

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared 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 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 8, 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		
0 510 SS=F	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that</p>	0 510		

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0 510	<p>Continued From page 2</p> <p>complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(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.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>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 two of two employees (unlicensed personnel/ULP-G and ULP-D) observed to provide personal cares. This had the potential to affect all residents, visitors and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On October 8, 2024, at 11:45 a.m., the surveyor observed ULP-G administer medications to R2 in his apartment. The surveyor then observed ULP-G empty R2's catheter bag into a urinal with</p>	0 510		

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0 510	<p>Continued From page 3</p> <p>gloved hands. ULP-G wiped the tip of the catheter tubing with an alcohol wipe, emptied the urine into the toilet, put water in the urinal from the bathroom sink, and emptied it into the toilet. At this time, ULP-G removed the gloves and, without performing hand hygiene, exited the apartment, touching the door handle and iPad. ULP-G returned to the medication cart and utilize the hand sanitizer on the medication cart. ULP-G stated he was not aware of the need to wash hands or sanitize after removing gloves.</p> <p>On October 9, 2024, at 7:25 a.m., the surveyor observed ULP-D administer medications to R2's wife in their apartment. ULP-D then emptied R2's catheter night bag into the urinal and brought the urinal to the bathroom, emptied the contents into the toilet, cleaned the inside of the urinal with vinegar, and emptied it into the toilet. ULP-D then changed gloves and without performing hand hygiene, took a day leg bag from under the bathroom sink, and went to the living room to change the bag from the night bag to the leg bag for R2. ULP-D then brought the night bag to the bathroom, cleaned the inside of the bag and tubing with vinegar, emptied it into the toilet, and hung it in the shower. ULP-D then cleaned off the toilet with spray and paper towels, removed the gloves, and exited the room. ULP-D returned to the medication cart and utilized hand sanitizer. At this time, ULP-D stated hand sanitizer is not available in the rooms, and they do not have small bottles to carry with them, but supposed she could have washed her hands in the room before exiting. ULP-D stated she was not sure if she had been trained to do hand hygiene every time gloves are removed.</p> <p>On October 10, 2024, at 10:05 a.m., clinical nurse supervisor (CNS)-A stated it is her expectation</p>	0 510		

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0 510	<p>Continued From page 4</p> <p>staff sanitize their hands after removing gloves and between clean and dirty tasks, and they are trained to do so.</p> <p>The licensee's Standard Infection Control Practices policy dated July 28, 2021, noted staff were to change gloves after contact with material that may contain high concentration of microorganisms, remove gloves promptly after use and before touching non-contaminated items, environmental surface, and wash hands after removing gloves.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510		
0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p>	0 550		

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0 550	<p>Continued From page 5</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, the name, telephone number, and email contact information for the individuals responsible for handling resident grievances. This had the potential to affect the licensee's current 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, 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 October 7, 2024, at 10:50 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-B and observed a table to the right side of the entrance, next to the reception desk where the grievance form was posted. The Grievance/Inquiry Form dated July 20, 2021, noted the name, email address, and telephone number of an employee who had changed positions.</p> <p>On October 7, 2024, at 1:15 p.m., LALD-B stated the form had been updated to include her contact information. However, it had not been printed out and available to residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One</p>	0 550		

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0 550	Continued From page 6  (21) days	0 550		
0 620 SS=E	<p>144G.42 Subd. 6 (a) / 626.557, Subd. 3 Compliance with requirements for reporting ma</p> <p>(a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported.</p> <p>The requirement in Minnesota Statute section 626.557, Subd. 3 is:</p> <p>(a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:</p> <p>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or</p> <p>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter</p>	0 620		

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0 620	<p>Continued From page 7</p> <p>knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to immediately report an incident of suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC) for three of five residents (R9, R8, R10).</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</p>	0 620		

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0 620	<p>Continued From page 8</p> <p>situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>During the entrance conference on October 7, 2024, at 10:20 a.m., a request was made to licensed assisted living director (LALD)-B and clinical nurse supervisor (CNS)-A to review all vulnerable adult reports the licensee had made to MAARC since May 15, 2024.</p> <p><b>R9</b> R9's diagnoses included hypertension (high blood pressure) and chronic kidney disease.</p> <p>R9's Service Agreement/Service Plan dated signed on May 16, 2024, noted R9 received services including medication administration and assistance with activities of daily living.</p> <p>A MAARC report submitted August 27, 2024, at 6:22 p.m., indicated the estimated date of incident as August 26, 2024, at 12:30 p.m. The report noted on August 24, 2024, R9 was found on the floor and sent to the emergency department for further assessment due to a head strike and pain in the shoulder. R9 returned the same day with a C2 fracture (a break in the second vertebra of the neck). It noted five falls since admission on May 8, 2024, with the most recent on August 25, 2024. R9 was admitted to the hospital on August 26, 2024, and passed away from a large brain bleed.</p> <p><b>R8</b> R8's diagnoses included dementia.</p> <p>R8's Service Agreement/Service Plan dated signed April 15, 2024, noted R8 received services including assistance with activities of daily living</p>	0 620		

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0 620	<p>Continued From page 9</p> <p>and medication administration.</p> <p>A MAARC report submitted on September 10, 2024, at 4:26 p.m., indicated the estimated date of incident as September 7, 2024, at 8:00 a.m. The report noted on September 7, 2024, at approximately 8:00 a.m., R8 was found on the floor next to the bed. R8 was assessed and had pain with range of motion (ROM) to the right hip. R8 was sent to the hospital for surgical repair.</p> <p>R10 R10's diagnoses included hypertension, insomnia, and Alzheimer's disease.</p> <p>R10's Service Agreement/Service Plan dated signed April 13, 2024, noted R10 received services including assistance with bathing and medication administration.</p> <p>A MAARC report submitted on October 1, 2024, at 5:03 p.m., indicated the estimated date of incident as September 27, 2024, at 1:00 a.m. R10 had video and audio surveillance in the apartment and noted a staff member in the room at this time, on a face time call, observed walking around the apartment and heard stating R10's name and showing the non-employee the living space in the apartment and discussing R10's cares. R10 was in the room at the time.</p> <p>On October 9, 2024, at 10:45 a.m., clinical nurse supervisor (CNS)-A stated all reports were late, and the facility policy is to report immediately.</p> <p>The licensee's Reporting of Maltreatment of Vulnerable Adults policy dated July 27, 2021, noted "As soon as the resident's immediate safety has been addressed, Executive Director or Director of Health and Wellbeing, or designated</p>	0 620		
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NAME OF PROVIDER OR SUPPLIER  <b>THE WATERS OF EDINA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 COLONIAL WAY EDINA, MN 55436</b>
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0 620	Continued From page 10  team member in charge will notify the Senior Director of Health and Wellbeing and VP [vice president] of Operations and will complete a MAARC report."  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 620		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c  The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language.  This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support protection and safety by not posting the 911 emergency number in common areas and near telephones provided by the facility as required. This had the potential to 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	0 640		

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0 640	<p>Continued From page 11</p> <p>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 October 7, 2024, at 10:50 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-B and did not observe the 911 emergency number posted.</p> <p>On October 17, 2024, at 1:15 p.m., LALD-B stated the number had been posted in a frame on the table next to the reception desk, but said it was not there at this time.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 640		
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the</p>	0 970		

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0 970	<p>Continued From page 12</p> <p>licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all current residents.</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>The licensee's Resident Lease Agreement dated January 1, 2023, included the following clause under section 19 "Insurance; Personal Property and Loss of Use:" "If the Apartment becomes uninhabitable on a temporary or permanent basis due to accident, casualty, loss of power, sewer back-up, flooding, or acts of third parties, Management will not be responsible for Resident's temporary lodging or cost of relocation. Loss or damage to Resident's personal property, including spoilage of perishables and food items due to power interruptions, are not covered by Management's insurance and will not be reimbursed by Management. Management has no responsibility to provide temporary or permanent housing or relocation payments to Resident if the Apartment Unit cannot be used on a temporary basis or if Management terminates the Lease due to casualty or damage to the Apartment Unit."</p> <p>On October 8, 2024, at 3:20 p.m., regional director of health and wellbeing (RDHW)-F stated</p>	0 970		

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0 970	Continued From page 13  the same contract template is utilized for all residents, this should be covered as a part of the emergency preparedness plan, and the residents should not be required to pay for their own lodging.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01470 SS=D	144G.63 Subd. 2 Content of required orientation  (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and	01470		

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01470	<p>Continued From page 14</p> <p>Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received orientation to assisted living requirements and regulations prior to providing services for one of three employees (unlicensed personnel/ULP-D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	01470		

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01470	<p>Continued From page 15</p> <p>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>ULP-D had a hire date of November 14, 2023, to provide assisted living services.</p> <p>The surveyor observed ULP-D provide assistance with catheter cares to R2 on October 9, 2024, at 7:25 a.m.</p> <p>ULP-D's employee record contained a training transcript. However, the employee record lacked documented evidence of the following required orientation: - principles of person-centered planning/service delivery.</p> <p>On October 10, 2024, at 10:20 a.m., clinical nurse supervisor (CNS)-A stated ULP-D had started the training, but had not completed it.</p> <p>The licensee's Orientation and Annual Training Requirements policy dated April 2021 noted orientation of team members included the principles of person-centered planning and service delivery and how they apply to direct support services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01470		

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01530	Continued From page 16	01530		
01530 SS=D	<p><b>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</b></p> <p>(a) All assisted living facilities must meet the following training requirements:                      (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;                      (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by:                      Based on interview and record review, the licensee failed to ensure one of one employees (registered nurse/RN)-E received the required amount of dementia care training in the required time frame.</p> <p>This practice resulted in a level two violation (a</p>	01530		

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01530	<p>Continued From page 17</p> <p>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>The licensee had a current assisted living facility with dementia care license.</p> <p>RN-E began providing assisted living services and regularly scheduled supervision of direct-care staff on September 4, 2024.</p> <p>RN-E's employee record identified 6.25 hours dementia training completed on between September 9, 2024, and October 8, 2024.</p> <p>RN-E's employee record lacked evidence RN-E had completed the required eight hours of dementia training on the specific dementia care topics within 120 working hours of the hire date.</p> <p>On October 10, 2024, at 10:10 a.m., clinical nurse supervisor (CNS)-A stated RN-E had not completed the required training, and had reached 120 working hours on September 27, 2024.</p> <p>The licensee's Orientation and Annual Training policy dated April 2021, indicated supervisors of direct-care team members must have completed at least eight hours of initial training within 120 working hours of the employment start date.</p> <p>No further information was provided.</p>	01530		

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01530	Continued From page 18  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530		
01540 SS=D	<p><b>144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED</b></p> <p>(3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one employee (unlicensed personnel/ULP)-D received the required amount of dementia care training in the required time frame.</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</p>	01540		

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01540	<p>Continued From page 19</p> <p>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>The licensee had a current assisted living facility with dementia care license.</p> <p>ULP-D had a hire date of November 14, 2023, to provide assisted living services.</p> <p>The surveyor observed ULP-D provide assistance with catheter cares to R2 in the dementia care unit on October 9, 2024, at 7:25 a.m.</p> <p>ULP-D's employee record identified 4.25 hours dementia training completed on November 20, 2023.</p> <p>ULP-D's employee record lacked evidence ULP-D had completed the required eight (8) hours of dementia training on the specific dementia care topics within 80 working hours of the hire date.</p> <p>On October 10, 2024, at 10:20 a.m., clinical nurse supervisor (CNS)-A stated ULP-D had not completed the required training, and had reached 80 working hours on December 15, 2023.</p> <p>The licensee's Orientation and Annual Training policy dated April 2021 indicated direct-care staff must have completed at least eight hours of initial training within 80 working hours of the employment start date.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One</p>	01540		

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01540	Continued From page 20  (21) days	01540		
01750 SS=D	<p><b>144G.71 Subd. 7 Delegation of medication administration</b></p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and</li> <li>(3) communicated with the unlicensed personnel about the individual needs of the resident.</li> </ul> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure as needed (PRN) medications included parameters for administration for one of six residents (R6).</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>R6's record lacked specific written instructions regarding the administration of PRN medications</p>	01750		

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01750	<p>Continued From page 21</p> <p>ordered with a dosage range.</p> <p>R6's diagnoses included dementia and hypertension (high blood pressure).</p> <p>R6's Service Agreement/Service Plan dated August 26, 2024, noted services including assistance with nail care and medication administration.</p> <p>R6's prescriber orders dated May 13, 2024, included:</p> <ul style="list-style-type: none"> <li>- quetiapine 25 milligrams (mg) take 1/2 to 1 tablet every four hours as needed for agitation; and</li> <li>- Tums 500 mg chew. Take 1-2 every four hours as needed for heartburn.</li> </ul> <p>On October 9, 2024, at 10:50 a.m., clinical nurse supervisor (CNS)-A stated the orders included a range without parameters when to give 1/2 or 1 quetiapine or when to give 1 or 2 Tums.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01750		
01910 SS=D	<p>144G.71 Subd. 22 Disposition of medications</p> <p>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.</p> <p>(b) The facility shall dispose of any medications</p>	01910		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>29647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WATERS OF EDINA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 COLONIAL WAY EDINA, MN 55436</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01910	<p>Continued From page 22</p> <p>remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.</p> <p>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medications as required for one of one resident (R7) upon discharge.</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>R7 admitted to the facility on August 19, 2024, and discharged on August 23, 2024.</p> <p>R7's diagnoses included dementia and tinnitus (ringing in the ears).</p> <p>R7's Service Agreement/Service Plan dated</p>	01910		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>29647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WATERS OF EDINA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 COLONIAL WAY EDINA, MN 55436</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01910	<p>Continued From page 23</p> <p>August 19, 2024, noted services including assistance with activities of daily living and medication administration.</p> <p>R7's prescriber orders dated August 15, 2024, included one antidepressant and three medications for anxiety as needed.</p> <p>R7's Record of the Disposition of Controlled and Uncontrolled Substances form dated August 23, 2024, noted the medication name, strength, quantity, and the staff initials. However, the prescription number section was left blank.</p> <p>On October 9, 2024, at 8:45 a.m., clinical nurse supervisor (CNS)-A stated R7's family did not give much notice for the discharge so they listed the medications but not the prescription numbers as they normally do.</p> <p>The licensee's Medication Administration - Medication Disposal: All Controlled and Non-controlled Prescription Drugs and Over-the-Counter Medications policy indicated disposition of the medications to a resident/resident's responsible person would be documented in the resident's record including to whom the medications were given, medication name, strength, prescription number as applicable, and quantity.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01910		
02110 SS=C	<p>144G.82 Subd. 3 Policies</p> <p>(a) In addition to the policies and procedures</p>	02110		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>29647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WATERS OF EDINA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 COLONIAL WAY EDINA, MN 55436</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02110	<p>Continued From page 24</p> <p>required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the:</p> <p>(1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented;</p> <p>(2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed;</p> <p>(3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes;</p> <p>(4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications;</p> <p>(5) staff training specific to dementia care;</p> <p>(6) description of life enrichment programs and how activities are implemented;</p> <p>(7) description of family support programs and efforts to keep the family engaged;</p> <p>(8) limiting the use of public address and intercom systems for emergencies and evacuation drills only;</p> <p>(9) transportation coordination and assistance to and from outside medical appointments; and</p> <p>(10) safekeeping of residents' possessions.</p> <p>(b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, licensee failed to ensure policies and procedures required</p>	02110		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>29647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WATERS OF EDINA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 COLONIAL WAY EDINA, MN 55436</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02110	<p>Continued From page 25</p> <p>in the licensing of assisted living facilities with dementia care were provided to each resident and/or the residents legal/designated representative at the time of move-in. This had the potential to affect all residents with dementia care.</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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee lacked evidence the required policies and procedures related to dementia care were provided to each resident and/or the resident's legal and designated representative.</p> <p>The licensee held an assisted living with dementia care license effective through May 14, 2025, and was licensed for a bed capacity of 142 residents.</p> <p>On October 8, 2024, at 11:40 a.m., licensed assisted living director (LALD)-B stated the dementia care policies were only provided to the memory care residents (dementia care), and not the residents in the assisted living units.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	02110		



Type: Full  
Date: 10/08/24  
Time: 12:08:54  
Report: 7994241185

# Food and Beverage Establishment Inspection Report

**Location:**

The Waters Of Edina  
6300 Colonial Way  
Edina, MN55436  
Hennepin County, 27

**Establishment Info:**

ID #: 0038773  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 9523227500  
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

**3-500A Microbial Control: cooling**

**3-501.13E**

MN Rule 4626.0380E Remove frozen fish from the reduced oxygen package prior to thawing under refrigeration or immediately after thawing if using the running water method of thawing.

**SALMON FOUND THAWED IN VACUUM PACKAGING. INSTRUCTED STAFF TO OPEN PACKAGING PRIOR TO THAWING.**

*Comply By: 10/08/24*

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

INSPECTION CONDUCTED IN THE PRESENCE OF HRD STAFF AND FINDINGS SHARED AT THE END OF INSPECTION.

WILL EMAIL SUPPORTING DOCUMENTS AND LINKS TO HRD STAFF AT THE END OF THE DAY.

TEMPERATURES:  
COOK TEMPS  
BURGER 164

HOT HOLDING  
SOUP 158  
CHICKEN 160

COLD HOLDING  
TOMATO 38  
PICKLE 38

Type: Full  
Date: 10/08/24  
Time: 12:08:54  
Report: 7994241185  
The Waters Of Edina

# Food and Beverage Establishment Inspection Report

LETTUCE 40  
CHICKEN 37

SANITIZERS:  
DISHWASHER 167  
3 COMP 400 PPM QUAT

**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 7994241185 of 10/08/24.

Certified Food Protection Manager: Jeremy LaFond

Certification Number: 50398 Expires: 04/18/25

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Jeremy LaFond  
Chef

Signed: 

Crystal Elva  
Public Health Sanitarian 3  
St Paul  
651-201-3981  
Crystal.Elva@state.mn.us

Report #: 7994241185

# Food Establishment Inspection Report



Minnesota Department of Health

625 Robert Street North  
St Paul

No. of RF/PHI Categories Out

0

Date 10/08/24

No. of Repeat RF/PHI Categories Out

0

Time In 12:08:54

Legal Authority MN Rules Chapter 4626

Time Out

The Waters Of Edina

Address

6300 Colonial Way

City/State

Edina, MN

Zip Code

55436

Telephone

9523227500

License/Permit #

0038773

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

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

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS=corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
<b>Supervision</b>			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
PIC knowledgeable; duties & oversight			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Certified food protection manager, duties			
<b>Employee Health</b>			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Mgmt/Staff; knowledge, responsibilities & reporting			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of reporting, restriction & exclusion			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Procedures for responding to vomiting & diarrheal events			
<b>Good Hygienic Practices</b>			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
No discharge from eyes, nose, & mouth			
<b>Preventing Contamination by Hands</b>			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
Hands clean & properly washed			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing sinks supplied/accessible			
<b>Approved Source</b>			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source			
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Food received at proper temperature			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, & unadulterated			
14	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Required records available; shellstock tags, parasite destruction			
<b>Protection from Contamination</b>			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food separated and protected			
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food contact surfaces: cleaned & sanitized			
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		COS	R
<b>Time/Temperature Control for Safety</b>			
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cooking time & temperature			
19	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooling time & temperature			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper cold holding temperatures			
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper date marking & disposition			
24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Time as a public health control: procedures & records			
<b>Consumer Advisory</b>			
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>			
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered			
<b>Food and Color Additives and Toxic Substances</b>			
27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Food additives: approved & properly used			
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>			
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Compliance with variance/specialized process/HACCP			

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

## GOOD RETAIL PRACTICES

**Good Retail Practices** are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance

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

COS=corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
<b>Safe Food and Water</b>			
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Pasteurized eggs used where required			
31	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Water & ice obtained from an approved source			
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cooling methods used; adequate equipment for temperature control			
34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Plant food properly cooked for hot holding			
35	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Approved thawing methods used			
36	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Thermometers provided & accurate			
<b>Food Identification</b>			
37	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
38	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Insects, rodents, & animals not present			
39	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Contamination prevented during food prep, storage & display			
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Personal cleanliness			
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Wiping cloths: properly used & stored			
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Washing fruits & vegetables			

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

Food Recalls:

Person in Charge (Signature)

Date: 10/08/24

Inspector (Signature)