



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 30, 2024

Licensee

The Waters On 50th
3500 50th Street West
Minneapolis, MN 55410

RE: Project Number(s) SL30282016

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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEpHVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30282	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER THE WATERS ON 50TH		STREET ADDRESS, CITY, STATE, ZIP CODE 3500 50TH STREET WEST MINNEAPOLIS, MN 55410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL30282016-0</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 83 residents; 59 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health

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

TITLE

(X6) DATE

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated 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		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited 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	0 970		

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0 970	<p>Continued From page 2</p> <p>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 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>R1's Resident Lease Agreement dated December 29, 2022, R2's Resident Lease Agreement dated July 26, 2021, R3's Resident Lease Agreement dated January 10, 2024, and R4's Resident Lease Agreement dated July 29, 2021, 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</p>	0 970		

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0 970	<p>Continued From page 3</p> <p>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 9, 2024, at 1:20 p.m., licensed assisted living director (LALD)-A stated the language as noted above should not be in the contract as this would be covered by their emergency preparedness plan. In addition, LALD-A stated the same contract was utilized for all residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 970		
01500 SS=D	<p>144G.63 Subd. 5 Required annual training</p> <p>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in</p>	01500		

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01500	<p>Continued From page 4</p> <p>the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training 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 challenges it poses to communication;</p> <p>(2) the 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,</p>	01500		

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01500	<p>Continued From page 5</p> <p>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 annual training included all required topics for each 12 months of employment for one of one employee (unlicensed personnel (ULP)-E).</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>ULP-E began providing assisted living services on June 10, 2022.</p> <p>On October 9, 2024, at 8:46 a.m. ULP-E was observed to administer medications to R1 in the dining room.</p> <p>ULP-E's employee record lacked documented evidence of the following required annual training: -Principles of person-centered planning and service delivery.</p> <p>On October 10, 2024, at 12:05 p.m. clinical nurse supervisor (CNS)-B stated ULP-E had not completed the annual training as noted above. CNS-B indicated annual training requirements</p>	01500		

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01500	<p>Continued From page 6</p> <p>were auto assigned but this requirement had been missed for ULP-E.</p> <p>The licensee's Orientation and Annual Training Requirements policy dated April 2021, identified all team members that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The annual training must include:</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the team member person.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01500		
01820 SS=D	<p>144G.71 Subd. 13 Prescriptions</p> <p>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for 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 prescriber orders for one of four residents (R4) was complete.</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 an isolated scope (when one or a limited number of</p>	01820		

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01820	<p>Continued From page 7</p> <p>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>R4's service agreement dated May 9, 2024, indicated R4 received assistance with medication management.</p> <p>On October 8, 2024, at 8:59 a.m. the surveyor observed unlicensed personnel (ULP)-D administer R4's medications, including Aspercreme lidocaine 4% patch to R4's lower back.</p> <p>R4's prescriber orders dated May 14, 2024, included:</p> <ul style="list-style-type: none"> - Aspercreme lidocaine (pain) patch apply 2 (two) patches topically onto the skin; on for 12 hours and off for 12 hours. <p>R4's medication administration record (MAR) dated October 2024, included:</p> <ul style="list-style-type: none"> - Aspercreme lidocaine patch apply 2 (two) patches topically onto the skin; on for 12 hours and off for 12 hours. <p>R4's record lacked the following:</p> <ul style="list-style-type: none"> -complete prescriber orders to include the medication dose and directions for use (location) for the Aspercreme lidocaine patch as noted above. <p>On October 9, 2024, at 12:44 p.m. clinical nurse supervisor (CNS)-B stated R4's Aspercreme lidocaine patch as listed above did not include the dose or location to apply the patch.</p> <p>The licensee's Medication Administration -</p>	01820		

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01820	<p>Continued From page 8</p> <p>Obtaining Medication Treatment Orders policy dated August 15, 2017, noted a licensed nurse reviews all prescription and treatment orders to ensure that it includes the name of the drug, dosage, and directions for use.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01820		
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 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</p>	01910		

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01910	<p>Continued From page 9</p> <p>record the disposition of the medication including the prescription numbers as applicable, for one of one discharged resident (R5).</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>The licensee's discharged resident roster dated October 7, 2024, indicated R5 discharged on September 27, 2024, to another facility.</p> <p>R5's Assisted Living Verification of Medications Sent on Leave of Absence (identified as the form used for the disposition of medications) dated September 27, 2024, identified the date, time, medication name, medication dosage, route of administration, amount remaining, staff and family/resident signature. The document indicated medications were sent with R5's family. The document did not include the prescription numbers for the prescriptions as applicable.</p> <ul style="list-style-type: none"> - The following medications were listed without a prescription number: calcium (supplement), fluoxetine (antidepressant), lisinopril (for blood pressure), multivitamin (supplement), Florastor (probiotic), and latanoprost (for high eye pressure). <p>On October 7, 2024, at 3:28 p.m. clinical nurse supervisor (CNS)-B stated the form used for R5's medication disposition did not include an area for</p>	01910		

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01910	<p>Continued From page 10</p> <p>the prescription number as required.</p> <p>The licensee's undated, Medication Administration - Medication Disposal: All Controlled and Non-controlled Prescription Drugs and Over-the-Counter Medications policy noted disposition of drugs/medications to a resident or resident's responsible person will be documented in the resident record including to whom the drugs/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		
02320 SS=D	<p>144G.91 Subd. 4 (b) Appropriate care and services</p> <p>(b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered according to policy and accepted standards of practice by one of three staff (unlicensed personnel (ULP)-G) observed during medication administration.</p> <p>This practice resulted in a level two violation (a</p>	02320		

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02320	<p>Continued From page 11</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>R2's diagnoses included cerebrovascular accident (stroke), mood disorder (condition that affects a person's emotional state), and hypertension (high blood pressure).</p> <p>R2's Service Agreement dated March 21, 2024, included medication management.</p> <p>R2's prescriber orders dated April 19, 2024, included an order for diclofenac sodium (Voltaren) 1% gel (topical nonsteroidal anti-inflammatory drug). Apply 2 g (grams) topically to right knee and lower back three times daily for pain.</p> <p>R2's medication administration record (MAR) dated October 2024, included arthritis pain 1% topical gel (Voltaren arthritis pain 1% gel) apply 2 g topically to right knee and lower back three times daily for pain.</p> <p>On October 8, 2024, at 9:10 a.m. ULP-G was observed to prepare and administer medications to R2. ULP-G reviewed R2's MAR, sanitized hands, donned clean gloves, and placed about 1/2 inch of R2's diclofenac sodium 1% gel to her gloved hand. ULP-G applied the gel to R2's right knee and low back. ULP-G did not measure the amount of diclofenac gel applied. Following the</p>	02320		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30282	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER THE WATERS ON 50TH		STREET ADDRESS, CITY, STATE, ZIP CODE 3500 50TH STREET WEST MINNEAPOLIS, MN 55410		
(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
02320	<p>Continued From page 12</p> <p>application of the gel, ULP-G removed gloves, sanitized hands, and documented the diclofenac sodium 1% gel administration. When interviewed at this time, ULP-G stated she was unaware of the measuring device to be utilized when measuring the amount of gel to administer.</p> <p>On October 9, 2024, at 12:46 p.m. clinical nurse supervisor (CNS)-B stated staff were taught and instructed to use the measuring device that comes with the diclofenac sodium gel for an accurate measurement of the medication.</p> <p>The diclofenac sodium instructions for use dated revised May 2016, identified to use the dosing card to correctly measure each dose. Place the dosing card on a flat surface so that you can read the print. Squeeze the gel onto the dosing card evenly, up to the 2 g line (a 2.25-inch length of gel). Make sure that the gel covers the 2 g area of the dosing card. After using the dosing card, hold end with fingertips, rinse and dry. Store the dosing card until next use.</p> <p>The licensee's Medication Administration - Administer Medication MN policy dated reviewed July 9, 2021, noted:</p> <p>2. Follow the "6 rights" of medication administration:</p> <ul style="list-style-type: none"> e. Right dose (e.g. tablets, milligrams, drops) <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02320		



Type: Full
Date: 10/08/24
Time: 11:26:16
Report: 1029241346

Food and Beverage Establishment Inspection Report

Page 1

Location: The Waters On 50th
3500 50th Street West
Minneapolis, MN55410
Hennepin County, 27

Establishment Info: _____
ID #: 0038601
Risk:
Announced Inspection: Yes

– License Categories:

– Operator:

Expires on: / /

Phone #: 6122009552
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.

3-100 Food Characteristics: unadulterated

MN Rule 4626.0125 Remove all unsafe and adulterated foods from the premises.

DAIRY MAGIC CUPS DISPLAYED SIGNS OF TEMPERATURE ABUSE IN 2ND FLOOR MEMORY CARE FREEZER. DISCARDED BY REP. REP INSTRUCTED TO VERIFY SAFE FREEZER TEMPS AND REPAIR GASKET PRIOR TO PLACING TCS ITEMS INTO FREEZER.

Comply By: 10/08/24

3-500B Microbial Control: hot and cold holding

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

SOFTENED BUTTER ON COUNTER GREATER THAN 6 HOURS W/OUT TIME TAGGING OR TPHC
MEASURED IN DANGER ZONE. DISCARDED BY STAFF. TPHC DISCUSSED AND TPHC
IMPLEMENTATION INFORMATION PROVIDED TO REP. TEMP ABUSE IDENTIFIED IN OTHER
COOLERS. COS.

Comply By: 10/08/24

4-700 Sanitizing Equipment and Utensils

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.
2ND FLOOR MEMORY CARE DISHWASHER 150.1F. REP INSTRUCTED TO REPAIR OR REPLACE
DISHWASHER AND TO RESANITIZE DISHWARE IN MAIN KITCHEN DISHWASHER UNTIL
REPAIR OR REPLACEMENT

Comply By: 10/08/24

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Food and Beverage Establishment Inspection Report

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4-300 Equipment Numbers and Capacities

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

2/27/23-10/8/24: NO THERMAL STICKERS OR MIN/MAX THERMOMETER. REP STATED THEY WOULD ORDER MIN/MAX THERMOMETER

Comply By: 03/06/23

5-200C Plumbing: Maintenance, fixture location

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

DISHES IN CAFE HANDWASHING SINK. CORRECTED DURING INSPECTION. REP
INSTRUCTED TO NOT HAVE STAFF USE HANDWASHING SINK TO CLEAN OFF DISHES

Comply By: 10/08/24

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.

ROP FISH THAWED WITHOUT OPENING TO INTRODUCE OXYGEN. REP DISCARDED. REP INSTRUCTED TO OPEN PRIOR TO THAWING TO PREVENT POSSIBLE BOTULISM TOXIN FROM CLOSTRIDIUM BOTULINUM.

Comply By: 10/08/24

4-500 Equipment Maintenance and Operation

4-501 114B

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

UNDER GRILL COOLER'S TOP DRAWER NOT CLOSING ALL THE WAY. REP INSTRUCTED TO REPAIR OR REPLACE TO ALLOW GASKET TO PROPERLY SEAL. 2ND FLOOR MEMORY CARE FREEZER GASKET NOT SEALING. REP INSTRUCTED TO REPAIR OR REPLACE

Comply By: 10/18/24

4-600 Cleaning Equipment and Utensils

4-602 11E

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.

MOLD IN ICE MACHINE BEHIND BAFFLE. REP INDICATED MACHINE IS CLEANED EVERY 6 MONTHS. REP INSTRUCTED TO CLEAN AT A FREQUENCY TO PRECLUDE MOLD BUILDUP.

Comply By: 10/08/24

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Food and Beverage Establishment Inspection Report

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Surface and Equipment Sanitizers

HOT WATER: = at 161.5 Degrees Fahrenheit

Location: DISHWASHER

Violation Issued: No

QUATERNARY AMMONIUM: = 300 PPM at Degrees Fahrenheit

Location: SANITIZER BUCKET

Violation Issued: No

HOT WATER: = at 150.1 Degrees Fahrenheit

Location: DISHWASHER - 2ND FLOOR MEM CARE

Violation Issued: Yes

QUATERNARY AMMONIUM: = 300 PPM at Degrees Fahrenheit

Location: SANITIZER BUCKET - 1ST FLOOR MEM CARE

Violation Issued: No

HOT WATER: = at 164.8 Degrees Fahrenheit

Location: DISHWASHER - 1ST FLOOR MEM CARE

Violation Issued: No

QUATERNARY AMMONIUM: = 200 PPM at Degrees Fahrenheit

Location: SANITIZER BUCKET - CAFE

Violation Issued: No

HOT WATER: = at 164.6 Degrees Fahrenheit

Location: DISHWASHER - CAFE

Violation Issued: No

Food and Equipment Temperatures

Process/Item: HOT HOLD/CHX SOUP

Temperature: 158 Degrees Fahrenheit - Location: STEAM TABLE WELL

Violation Issued: No

Process/Item: COLD HOLD/MILK

Temperature: 38 Degrees Fahrenheit - Location: 2-DOOR UPRIGHT COOLER

Violation Issued: No

Process/Item: ON COUNTER/BUTTER

Temperature: 68 Degrees Fahrenheit - Location: ON COUNTER AMBIENT W/OUT TAG OR TPHC

Violation Issued: Yes

Process/Item: COLD HOLD/CREAM CUCUMBER S

Temperature: 37 Degrees Fahrenheit - Location: WALK-IN COOLER

Violation Issued: No

Process/Item: COLD HOLD/POTATO SALAD

Temperature: 36 Degrees Fahrenheit - Location: WALK-IN COOLER

Violation Issued: No

Process/Item: COLD HOLD/CUT TOMATO

Temperature: 42 Degrees Fahrenheit - Location: UNDER GRILL COOLER

Violation Issued: No

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Food and Beverage Establishment Inspection Report

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Process/Item: COLD HOLD/SLICED CHEESE
Temperature: 41 Degrees Fahrenheit - Location: UNDER GRILL COOLER
Violation Issued: No

Process/Item: COLD HOLD/COTTAGE CHEESE
Temperature: 42 Degrees Fahrenheit - Location: UPRIGHT COOLER - 2ND FLOOR MEM CARE
Violation Issued: No

Process/Item: COLD HOLD/YOGURT
Temperature: 42 Degrees Fahrenheit - Location: UPRIGHT COOLER - 2ND FLOOR MEM CARE
Violation Issued: No

Process/Item: COLD HOLD/YOGURT
Temperature: 43 Degrees Fahrenheit - Location: UPRIGHT COOLER - 1ST FLOOR MEM CARE
Violation Issued: Yes

Process/Item: COLD HOLD/YOGURT
Temperature: 45 Degrees Fahrenheit - Location: UPRIGHT COOLER - 1ST FLOOR MEM CARE
Violation Issued: Yes

Process/Item: COLD HOLD/COTTAGE CHEESE
Temperature: 45 Degrees Fahrenheit - Location: UPRIGHT COOLER - 1ST FLOOR MEM CARE
Violation Issued: Yes

Process/Item: COLD HOLD/COTTAGE CHEESE
Temperature: 44 Degrees Fahrenheit - Location: UPRIGHT COOLER - 1ST FLOOR MEM CARE
Violation Issued: Yes

Process/Item: COLD HOLD/MILK
Temperature: 46 Degrees Fahrenheit - Location: UPRIGHT COOLER - 1ST FLOOR MEM CARE
Violation Issued: Yes

Process/Item: COLD HOLD/CHEESE STICK
Temperature: 46 Degrees Fahrenheit - Location: UPRIGHT COOLER - 1ST FLOOR MEM CARE
Violation Issued: Yes

Process/Item: HOT HOLD/CHX TORT SOUP
Temperature: 148 Degrees Fahrenheit - Location: STEAM WELL - CAFE
Violation Issued: No

Process/Item: COLD HOLD/COTTAGE CHEESE
Temperature: 36 Degrees Fahrenheit - Location: UPRIGHT COOLER - CAFE
Violation Issued: No

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

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Food and Beverage Establishment Inspection Report

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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 1029241346 of 10/08/24.

Certified Food Protection Manager: ROBERT WASHINGTON

Certification Number: FM118836 Expires: 09/19/26

Inspection report reviewed with person in charge and emailed.

Signed: 

KIM BENDICKSON
REG DIR CULINARY

Signed: 

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



Food Establishment Inspection Report

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

No. of RF/PHI Categories Out	4	Date	10/08/24
No. of Repeat RF/PHI Categories Out	0	Time In	11:26:16
Legal Authority MN Rules Chapter 4626		Time Out	

The Waters On 50th	Address 3500 50th Street West	City/State Minneapolis, MN	Zip Code 55410	Telephone 6122009552
License/Permit # 0038601	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	Compliance Status	cos	R
Surveillance							
1 <input type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/A	PIC knowledgeable; duties & oversight					
2 <input type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/A	Certified food protection manager, duties					
Employee Health							
3 <input type="radio"/> IN <input type="radio"/> OUT		Mgmt/Staff;knowledge,responsibilities&reporting					
4 <input type="radio"/> IN <input type="radio"/> OUT		Proper use of reporting, restriction & exclusion					
5 <input type="radio"/> IN <input type="radio"/> OUT		Procedures for responding to vomiting & diarrheal events					
Good Hygienic Practices							
6 <input type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use					
7 <input type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/O	No discharge from eyes, nose, & mouth					
Preventing Contamination by Hands							
8 <input type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/O	Hands clean & properly washed					
9 <input 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 type="radio"/> IN <input type="radio"/> OUT		Adequate handwashing sinks supplied/accessible					
Approved Source							
11 <input 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 type="radio"/> N/O	Food received at proper temperature					
13 <input type="radio"/> IN <input type="radio"/> OUT		Food in good condition, safe, & unadulterated					
14 <input type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/A <input type="radio"/> N/O	Required records available; shellstock tags, parasite destruction					
Protection from Contamination							
15 <input type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected					
16 <input type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/A	Food contact surfaces: cleaned & sanitized					
17 <input type="radio"/> IN <input type="radio"/> OUT		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" in box if numbered item is not in compliance				Mark "X" in appropriate box for COS and/or R			
				COS=corrected on-site during inspection R= repeat violation			
Safe Food and Water							
30 <input type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/A	Pasteurized eggs used where required					
31 <input type="radio"/> IN <input type="radio"/> OUT		Water & ice obtained from an approved source					
32 <input type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/A	Variance obtained for specialized processing methods					
Food Temperature Control							
33 <input type="radio"/> IN <input type="radio"/> OUT		Proper cooling methods used; adequate equipment for temperature control					
34 <input type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding					
35 <input type="radio"/> IN <input 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		Thermometers provided & accurate					
Food Identification							
37 <input type="radio"/> IN <input type="radio"/> OUT		Food properly labeled; original container					
Prevention of Food Contamination							
38 <input type="radio"/> IN <input type="radio"/> OUT		Insects, rodents, & animals not present					
39 <input type="radio"/> IN <input type="radio"/> OUT		Contamination prevented during food prep, storage & display					
40 <input type="radio"/> IN <input type="radio"/> OUT		Personal cleanliness					
41 <input type="radio"/> IN <input type="radio"/> OUT		Wiping cloths: properly used & stored					
42 <input type="radio"/> IN <input type="radio"/> OUT		Washing fruits & vegetables					
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.							

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.

Food Recalls:			cos	R	cos	R
Person in Charge (Signature)	<i>Trevor McClement</i>				Date: 10/08/24	
Inspector (Signature)	<i>Trevor McClement</i>					