



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 24, 2025

Licensee
Jones Harrison Assisted Living
3700 Cedar Lake Avenue
Minneapolis, MN 55416

RE: Project Number(s) SL30734016

Dear Licensee:

On June 18, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on March 27, 2025. This follow-up survey verified that the facility is in substantial compliance.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Benjamin J. Zwart'.

Benjamin J. Zwart, P.E., Supervisor
State Engineering Services Section
Health Regulation Division
Email: Benjamin.Zwart@state.mn.us
Telephone: 651-201-3715 Fax: 1-866-890-9290

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 14, 2025

Licensee

Jones Harrison Assisted Living
3700 Cedar Lake Avenue
Minneapolis, MN 55416

RE: Project Number(s) SL30734016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 27, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

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

INFORMAL CONFERENCE

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Jones Harrison Assisted Living. Please contact Jess Schoenecker at 651-201-3789 **on or before Monday, May 19, 2025**, to schedule the conference call.

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,



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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30734	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2025
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NAME OF PROVIDER OR SUPPLIER JONES HARRISON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CEDAR LAKE AVENUE MINNEAPOLIS, MN 55416
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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>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>SL30734016-0</p> <p>On March 24, 2025, through March 27, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 49 residents; 40 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 100 SS=F	<p>144G.10 Subdivision 1 License required</p> <p>(a)(1)Beginning August 1, 2021, no assisted living</p>	0 100		

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

Minnesota Department of Health

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

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0 100	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on observation and record review, the licensee was not legally responsible for the management, control, and operation of the whole facility in which the licensee had provided assisted living services to residents and operated a separately licensed skilled nursing facility from the same building.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On March 24, 2025, at 11:00 a.m., the surveyor toured the facility licensed assisted living director (LALD)-A. During the tour, the surveyor observed the following:</p> <ul style="list-style-type: none"> - the address for the assisted living facility and skilled nursing facility were identified as 3700 Cedar Lake Avenue, Minneapolis, Minnesota. - the main entrance for the facility served both the residents under the assisted living license and the skilled nursing facility. - when entering the facility through the main entrance, the common area served both the residents of the assisted living facility and the skilled nursing facility. - a skilled nursing facility was located on the north side of the building on three floors. The third-floor 	0 100		

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0 100	<p>Continued From page 3</p> <p>skilled nursing units included closed separation doors between the skilled nursing facility and assisted living.</p> <p>-the west wing of the facility served assisted living residents on floors one, two, and three. Assisted living apartments were also located on the north side of the building on the fourth floor.</p> <p>-the first-floor east wing included a secured unit of nine apartments serving residents with dementia.</p> <p>The licensee's Application for Assisted Living License, signed by an authorized agent on May 25, 2021, indicated the following:</p> <p>- page 1, the physical address of the facility was 3700 Cedar Lake Avenue, Minneapolis, Minnesota, 55416.</p> <p>- page 2, the assisted living with dementia care license would be structured as one building at one address with one property identification number.</p> <p>- Page 5, the authorized agent who had signed the assisted living license application indicated they had read the Minnesota Statue, chapter 144G and Minnesota Rules, chapter 4659, governing the provision of assisted living facilities, and understood as a licensee, they would be legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 100		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	<p>Continued From page 4</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of the Minnesota State Fire Code. This had the potential to directly affect all residents, staff, and visitors.</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 of the residents).</p> <p>Findings include:</p> <p>On a facility tour on March 25, 2025, from 10:00 a.m. to 1:00 p.m., with regional director of facilities (RD)-H, maintenance (M)-I, and lead maintenance (ML)-J, the surveyor made the following observations of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511:</p> <p>EXIT DOOR LOCKING ARRANGEMENTS</p> <p>There was a delayed egress locking system installed on all exit doors leading into the exit stairways on both ends of the west 3 story assisted living building. There was also a controlled egress exit door locking system installed on the exit doors in the secured dementia care unit.</p>	0 775		
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0 775	<p>Continued From page 5</p> <p>The delayed egress door locking system and the controlled egress locking system were not provided with a device within each locked area capable of deactivating the delayed egress door hardware locks to the unlocked position.</p> <p>The delayed egress locking system is required to be provided with a switch or device located at the nurse station or other approved location to deactivate the delayed egress and controlled egress locked exit doors in order for building occupants to exit in the event of an emergency.</p> <p>The delayed egress locking hardware was tested for operation and did not operate as designed to open to exit on third floor of the west building across the corridor from the laundry room.</p> <p>The fenced exterior courtyard in the back of the west 3 story assisted living building was provided with a magnetically locked gate leading to the public way (parking lot) from marked exterior exit doors in the building. The exterior gate was not openable from the egress (inside) side of the gate in order for occupants to exit to the public way in the event of a fire or similar emergency. All required exit doors and gates are required to be provided with hardware that will allow the occupants to exit through the exit path to the public way.</p> <p>During an interview on March 25, 2025, at 9:45 a.m., RD-H, and ML-J, stated the procedures required to operate and unlock the delayed egress and controlled egress door locking systems were not included in the fire safety and evacuation plan.</p> <p>The procedures required to operate and unlock the delayed egress and controlled egress locking</p>	0 775		
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0 775	<p>Continued From page 6</p> <p>systems in order for occupants to exit in the event of an emergency are required to be included in the fire safety and evacuation plan employee procedures. These procedures are required in accordance with MSFC in Minnesota Rules Chapter 7511.</p> <p>FIRE-RESISTANT RATED DOOR MAINTENANCE</p> <p>During the tour the fire-resistant rated door was tested for operation and did not close and latch automatically in the laundry room in the fourth-floor assisted living area.</p> <p>Fire-resistant rated doors are required to automatically close, and latch as designed and installed at the time of construction approval. The fire-resistant rated door is required to automatically close and latch to prevent the spread of smoke and fire into the exit corridor in the event of a fire in the laundry room.</p> <p>OXYGEN CYLINDER STORAGE</p> <p>There was oxygen cylinders observed not secured in a rack in the upright position in the closet near the first-floor laundry room.</p> <p>Oxygen cylinders are required to be secured in the upright position and in the appropriate rack to prevent tipping of the tank and damaging the valve assembly on top of the tank.</p> <p>During the facility tour RD-H, ML-J, and M-I, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 775		

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0 780 SS=D	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</p> <p>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnected smoke alarms meeting the requirements for existing power supply inside sleeping rooms. This had the potential to affect a limited number of 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</p>	0 780		

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0 780	<p>Continued From page 8</p> <p>resident's health or safety) 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>Findings include:</p> <p>On a facility tour on March 25, 2025, from 10:00 a.m. to 1:00 p.m., with regional director of facilities (RD)-H, maintenance (M)-I, and lead maintenance (ML)-J, it was observed that the existing hardwired (receiving power from building electrical system) smoke alarm inside the sleeping room in dwelling unit 428 was not interconnected with the additional required smoke alarms inside the dwelling unit.</p> <p>Where existing smoke alarms are hardwired, the existing hardwired smoke alarms are required to be interconnected with all additional required smoke alarms within the dwelling unit.</p> <p>Existing smoke alarms are required to meet the requirements for existing power supply in accordance with Minnesota State Fire Code in Minnesota Rules Chapter 7511.</p> <p>It was also observed the existing hardwired smoke alarm was hanging out of the electrical box by the electrical wires and not securely fastened to the electrical box.</p> <p>During the facility tour RD-H, ML-J, and M-I, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) day.</p>	0 780		

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0 810	Continued From page 9	0 810		
0 810 SS=F	<p>144G.45 Subd. 2 (b-f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop the fire</p>	0 810		

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0 810	<p>Continued From page 10</p> <p>safety and evacuation plan with required content. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On March 25, 2025, at 9:00 a.m., licensed assisted living director (LALD)-A, regional director of facilities (RD)-H, maintenance (M)-I, and lead maintenance (ML)-J, provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p>FIRE SAFETY AND EVACUATION PLAN</p> <p>The licensee provided FSEP dated reviewed December 24, 2024, failed to include the following:</p> <p>The available FSEP did not identify specific fire protection actions for residents as evident by not providing procedures for residents to take in this specific facility in the event of a fire or similar emergency in writing in the FSEP.</p> <p>During an interview on March 25, 2025, at 9:20 a.m., licensed assisted living director (LALD)-A, and regional director of facilities (RD)-H, stated resident actions/ procedures required during a fire or similar emergency were not included in writing</p>	0 810		

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0 810	Continued From page 11 in the FSEP. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01440 SS=D	<p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing delegated tasks within 30 days of providing services for one of two unlicensed</p>	01440		

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01440	<p>Continued From page 12</p> <p>personnel ((ULP)-K).</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 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-K was hired on September 24, 2024, and began providing assisted living services.</p> <p>ULP-K's employee record included documentation of successful completion of medication training and competency validation dated October 4, 2024.</p> <p>ULP-K documented they had administered medications to R2 on March 3, 4, 8, 12, 17, 18, 21, 22, and 24, 2025.</p> <p>ULP-K's employee record included a Supervision of Unlicensed Personnel form dated December 13, 2024, which lacked documentation of supervision of any delegated tasks.</p> <p>ULP-K's supervision lacked observation of a delegated task and was completed greater than 30 days after ULP-K had completed their orientation and training.</p> <p>On March 26, 2025, at 1:35 p.m., clinical nurse supervisor (CNS)-B stated they were not aware the supervisory visit was completed after 30 days for ULP-K as they were not employed by licensee at that time.</p>	01440		

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01440	Continued From page 13 The license's Supervision of Licensed and Unlicensed Personnel policy revised August 1, 2021, read "direct supervision of unlicensed staff providing delegated nursing tasks or delegated treatments must be performed within 30 days after the person begins work for [licensee]." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
01470 SS=F	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	01470		

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01470	<p>Continued From page 14</p> <p>Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the staff member 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 interview and record review, the licensee failed to ensure employees received orientation to include all required content for two of two employees (unlicensed personnel (ULP)-D,</p>	01470		

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01470	<p>Continued From page 15</p> <p>ULP-E) under transition to a new management company.</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>ULP-D ULP-D was hired on December 8, 2022, and completed a background study to provide services to residents under the licensee's skilled nursing facility license (health facility identification number (HFID) 00216).</p> <p>ULP-D's employee record included a HHA Staff Competency Checklist dated January 10, 2023, indicating ULP-D had completed orientation topics required to care for residents of the skilled nursing facility.</p> <p>On May 5, 2023, ULP-D completed a background study to provide services to residents under the licensee's assisted living with dementia care license (HFID 30734).</p> <p>ULP-D's employee record included a Relias (online education) transcript indicating ULP-D completed the following required orientation topics: -handling emergencies and using emergency services completed on May 14, 2023; -compliance with and the reporting of maltreatment of vulnerable adults under section</p>	01470		
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01470	<p>Continued From page 16</p> <p>626.557 to the Minnesota Adult Abuse Reporting Center (MAARC) completed on May 14, 2023; -handling of resident complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints (OHFC) completed on May 14, 2023; and</p> <p>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person completed on March 29, 2023.</p> <p>ULP-D's employee record lacked the following required orientation topics:</p> <ul style="list-style-type: none"> -overview of assisted living statutes; -an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; -the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; -consumer advocacy services of the Ombudsman of Long-Term Care, Office of Ombudsman of Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and -review of the types of assisted living services the staff member will be providing and the facility's category of licensure. <p>ULP-E ULP-E was hired on November 22, 2022, and completed a background study to provide services to residents under the licensee's skilled nursing facility license (HFID 00216).</p> <p>ULP-E's employee record included a Nurse Aide Registry (NAR) Staff Competency Checklist dated</p>	01470		

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01470	<p>Continued From page 17</p> <p>December 6, 2022, indicating ULP-E had completed orientation topics required to care for residents of the skilled nursing facility.</p> <p>On May 16, 2023, ULP-E completed a background study to provide services to residents under the licensee's assisted living with dementia care license (HFID 30734).</p> <p>ULP-E's employee record included a Relias (online education) transcript indicating ULP-E completed the following required orientation topics:</p> <ul style="list-style-type: none"> -handling emergencies and using emergency services completed on June 7, 2023; -compliance with and the reporting of maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC) completed on April 25, 2023; and -handling of resident complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints (OHFC) completed on April 25, 2023. <p>ULP-E's employee record lacked the following required orientation topics:</p> <ul style="list-style-type: none"> -overview of assisted living statutes; -an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; -the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; -consumer advocacy services of the Ombudsman of Long-Term Care, Office of Ombudsman of Developmental Disabilities, Managed Care Ombudsman at the Department of Human 	01470		

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01470	<p>Continued From page 18</p> <p>Services, county-managed care advocates, or other relevant advocacy services; -review of the types of assisted living services the staff member will be providing and the facility's category of licensure; and - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>On March 26, 2025, at 9:30 a.m., regional support specialist (RSS)-G stated all employees attended an orientation after facility management was transitioned to the new management company on July 1, 2023. RSS-G stated they were unsure if ULP-D and ULP-E attended the orientation. RSS-G stated training would be reflected in Relias (online training program) transcripts.</p> <p>A Management, Administrative, Assisted Living, and Nursing Services Agreement was signed by licensee and [management company] on June 29, 2023. Section 1.3.c Training of the agreement (page 2), read [management company] shall ensure that the Administrators(s) and all other members of [management company] staff complete training and continuing education requirements, including but not limited to background check prior to training, in accordance with Legal Requirements".</p> <p>The licensee's Orientation and Training: Employee policy dated august 1, 2023, indicated orientation would include the following topics: -an overview of Minnesota's assisted living laws; -an introduction and review of the facility's policies and procedures related to the provision of assisted living services; -the assisted living bill of rights and staff responsibilities related to ensuring the exercise</p>	01470		

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01470	Continued From page 19 and protection of those rights; -principles of person-centered planning and service delivery and how they apply to direct support services; -consumer advocacy services; and -a review of the types of assisted living services the employee will be providing and the facility's category of licensure. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01540 SS=E	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (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; This MN Requirement is not met as evidenced by: Based on interview and record review, the	01540		

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01540	<p>Continued From page 20</p> <p>licensee failed to ensure staff completed the required amount of dementia care training in the required time frame for two of three employees (unlicensed personnel (ULP)-E, ULP-K).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly, but is not found to be pervasive).</p> <p>The findings include:</p> <p>The licensee had an assisted living with dementia care license dated June 1, 2024.</p> <p>ULP-E ULP-E was hired on November 22, 2022, and completed a background study to provide services to residents under the licensee's skilled nursing facility license (HFID 00216).</p> <p>ULP-E's employee record included a Nursing Assistant Registry (NAR) Staff Competency Checklist dated December 6, 2022, indicating ULP-E had completed orientation topics required to care for residents of the skilled nursing facility.</p> <p>On May 16, 2023, ULP-E completed a background study to provide services to residents under the licensee's assisted living with dementia care license (HFID 30734).</p> <p>ULP-E's employee record included a Relias (online education) transcript indicating ULP-E</p>	01540		

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01540	<p>Continued From page 21</p> <p>completed two and three quarter (2.75) hours of training related to dementia care between the dates of December 9, 2022, and March 2, 2023.</p> <p>ULP-E's employee record lacked five and a quarter (5.25) hours of dementia care training to complete the required eight (8) hours.</p> <p>ULP-K ULP-K was hired September 24, 2024, and began providing assisted living services.</p> <p>ULP-K's employee record lacked evidence of training on dementia care topics within 80 working hours of the start date.</p> <p>On March 26, 2025, at 1:00 p.m., regional support specialist (RSS)-G confirmed ULP-E and ULP-K had completed over 80 working hours for licensee. RSS-G stated ULP-K's record lacked documentation of dementia training. RSS-G stated they did not know why the training had not been completed. RSS-G stated they were unaware ULP-E had not completed the required dementia care training and that it may have gotten lost in the transition to a new management company.</p> <p>The licensee's Orientation and Training: Employee policy dated August 1, 2023, read "Direct care employees will complete at least eight (8) hours of training on the required dementia care topics within 80 working hours of the employment start date."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01540		

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01620	Continued From page 22	01620		
01620 SS=E	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted ongoing assessments not to exceed 90 calendar days from the last date of assessment for two of four residents (R2, R3).</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</p>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30734	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2025
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NAME OF PROVIDER OR SUPPLIER JONES HARRISON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CEDAR LAKE AVENUE MINNEAPOLIS, MN 55416
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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
01620	<p>Continued From page 23</p> <p>resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R2 R2 was admitted to the licensee on April 30, 2024, and began receiving assisted living services.</p> <p>R2's Service Plan Agreement signed January 31, 2025, indicated R2's services included assistance with dressing and grooming, medication administration, assistance with meals, and behavior management.</p> <p>R2's record included 90-day assessments dated October 17, 2024, and January 22, 2025, indicating 103 days had passed between assessments.</p> <p>R3 R3 was admitted to the licensee on May 11, 2023, and began receiving assisted living services.</p> <p>R3's Service Plan Agreement signed January 23, 2025, indicated R3's services included assistance with dressing, grooming, and dining, medication administration, safety checks.</p> <p>R3's record included 90-day assessments on July 9, 2024, October 16, 2024, and January 17, 2025, indicating: -ninety-nine (99) days had passed between the assessments completed on July 9, 2024, and October 16, 2024; and</p>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30734	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2025
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NAME OF PROVIDER OR SUPPLIER JONES HARRISON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CEDAR LAKE AVENUE MINNEAPOLIS, MN 55416
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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
01620	<p>Continued From page 24</p> <p>-ninety-three (93) days had passed between the assessments completed on October 16, 2024, and January 17, 2025.</p> <p>On March 26, 2025, at 1:42 p.m., clinical nurse supervisor (CNS)-B stated they were unaware assessments had been late. CNS-B stated the assessments should all be up to date at this time.</p> <p>The licensee's Assessment of Clients - Initial and Ongoing policy revised August 1, 2021, indicated ongoing assessments would not exceed 90 days from the last date of the assessment.</p> <p>No additional information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		
02100 SS=F	<p>144G.82 Subd. 2 Additional requirements</p> <p>(a) The licensee must follow the assisted living license requirements and the criteria in this section.</p> <p>(b) The assisted living director of an assisted living facility with dementia care must complete and document that at least ten hours of the required annual continuing educational requirements relate to the care of individuals with dementia. The training must include medical management of dementia, creating and maintaining supportive and therapeutic environments for residents with dementia, and transitioning and coordinating services for residents with dementia. Continuing education credits may include college courses, preceptor credits, self-directed activities, course instructor credits, corporate training, in-service training, professional association training, web-based</p>	02100		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER JONES HARRISON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CEDAR LAKE AVENUE MINNEAPOLIS, MN 55416
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02100	<p>Continued From page 25</p> <p>training, correspondence courses, telecourses, seminars, and workshops.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensed assisted living director (LALD)-A completed and documented ten (10) hours of annual continuing education related to the care of individuals with dementia.</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 of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on March 24, 2025, at 10:45 a.m., licensed assisted living director (LALD)-A stated they were the licensed assisted living director (LALD) of record for the licensee.</p> <p>On March 25, 2025, at 9:30 a.m., the surveyor received and reviewed LALD-A's continuing education (CE) records and found that LALD-A's record lacked the required ten hours of continuing education in dementia care for 2024.</p> <p>On March 25, 2025, at 10:40 a.m., LALD-A stated they had not completed 10 hours of CE related to dementia care in 2024. LALD-A stated they were not aware annual CE was required to include a minimum of 10 hours of education related to</p>	02100		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30734	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2025
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NAME OF PROVIDER OR SUPPLIER JONES HARRISON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CEDAR LAKE AVENUE MINNEAPOLIS, MN 55416
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02100	<p>Continued From page 26</p> <p>dementia care.</p> <p>The surveyor requested and did not receive a policy addressing additional dementia training required by staff and supervisors.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	02100		



Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 03/25/25
Time: 10:00:00
Report: 1005251070

Food and Beverage Establishment Inspection Report

Page 1

Location:

Jones Harrison Assisted Living
3700 Cedar Lake Avenue
Minneapolis, MN55416
Hennepin County, 27

Establishment Info:

ID #: 0038722
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6129202030
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Lactic Acid: = 704+PPM at Degrees Fahrenheit
Location: 3-COMP SINK
Violation Issued: No

Lactic Acid: = 704+PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Utensil Surface Temp.: = at 172 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/SLICED TOMATO
Temperature: 33 Degrees Fahrenheit - Location: PREP COOLER - TOP
Violation Issued: No

Process/Item: Cold Hold/CHEESE
Temperature: 36 Degrees Fahrenheit - Location: PREP COOLER - TOP
Violation Issued: No

Process/Item: Cold Hold/HAMBURGER
Temperature: 38 Degrees Fahrenheit - Location: PREP COOLER - BOTTOM
Violation Issued: No

Process/Item: Cold Hold/TUNA
Temperature: 35 Degrees Fahrenheit - Location: WALK-IN COOLER #1
Violation Issued: No

Type: Full
Date: 03/25/25
Time: 10:00:00
Report: 1005251070
Jones Harrison Assisted Living

Food and Beverage Establishment Inspection Report

Process/Item: Cold Hold/GROUND BEEF
Temperature: 36 Degrees Fahrenheit - Location: WALK-IN COOLER #1
Violation Issued: No

Process/Item: Cold Hold/BUTTER
Temperature: 36 Degrees Fahrenheit - Location: WALK-IN COOLER #1
Violation Issued: No

Process/Item: Cooking/VEG. SOUP
Temperature: 203 Degrees Fahrenheit - Location: FOR HOT HOLDING, STEAM KETTLE
Violation Issued: No

Process/Item: Hot Hold/GRAVY
Temperature: 170 Degrees Fahrenheit - Location: STEAM TABLE
Violation Issued: No

Process/Item: Cold Hold/AMBIENT
Temperature: 36 Degrees Fahrenheit - Location: PASS-THRU COOLER
Violation Issued: No

Process/Item: Cold Hold/MILK
Temperature: 38 Degrees Fahrenheit - Location: WALK-IN COOLER #2
Violation Issued: No

Process/Item: Cold Hold/CHEESE
Temperature: 38 Degrees Fahrenheit - Location: WALK-IN COOLER #2
Violation Issued: No

Process/Item: Cold Hold/CUT MELON
Temperature: 40 Degrees Fahrenheit - Location: WALK-IN COOLER #2
Violation Issued: No

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

INSPECTION COMPLETED WITH DIRECTOR OF NUTRITION AND EMAILED TO HRD NURSING EVALUATOR MICHELLE WINTERS.

"FRANK'S, A CAFE AND COFFEE BAR" ON SITE IS CLOSED, WITH NO PLANS TO REOPEN.

REVIEWED SYMPTOMS OF FOODBORNE ILLNESSES AND THE REQUIREMENT TO MAINTAIN AN EMPLOYEE ILLNESS LOG OF THOSE INSTANCES WHEN EMPLOYEES ARE ILL WITH VOMITING OR DIARRHEA "AND" IMMEDIATELY EXCLUDE FROM THE FOOD ESTABLISHMENT ANY FOOD EMPLOYEE ILL WITH VOMITING OR DIARRHEA. EMPLOYEES MUST BE EXCLUDED FOR AT LEAST 24 HOURS AFTER LAST SYMPTOM.

Type: Full
Date: 03/25/25
Time: 10:00:00
Report: 1005251070

Food and Beverage Establishment Inspection Report

Jones Harrison Assisted Living

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 1005251070 of 03/25/25.

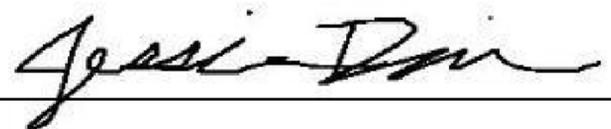
Certified Food Protection Manager: NICOLE MARIE MELIN

Certification Number: FM62725 Expires: 05/12/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

NICKIE MELIN
DIRECTOR OF NUTRITION

Signed:  _____

Jessica Davis
Public Health Sanitarian III
651-201-3961
jessica.davis@state.mn.us