



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 3, 2025

Licensee

The Wealshire of Bloomington
10601 Lyndale Avenue South
Bloomington, MN 55420

RE: Project Number(s) SL30803016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 23, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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.

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

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER THE WEALSHIRE OF BLOOMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 10601 LYNDAL AVE SOUTH BLOOMINGTON, MN 55420			
(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>SL30803016-0</p> <p>On April 21, 2025, through April 23, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 101 resident(s); 101 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 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480			

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0 480	<p>Continued From page 2</p> <p>allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 21, 2025, 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</p>	0 480			

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content for staff, residents, and visitors to view. This practice resulted in a level two violation (a	0 680			

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0 680	<p>Continued From page 4</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 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 April 23, 2025, at 9:00 a.m., the surveyor was provided with a red three-ring binder titled Emergency Preparedness Plan. The binder included a cover page indicating the emergency preparedness plan was last reviewed on March 19, 2025, by licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B.</p> <p>The EPP lacked evidence that the licensee had conducted exercises to test the EPP at least twice per year, including:</p> <ul style="list-style-type: none">-an annual full-scale exercise that is community based OR an annual facility based functional exercise OR documentation of an actual emergency activating the plan;-documentation of an additional annual exercise that may include a second full-scale community-based exercise, a facility based functional exercise or mock disaster drill, or a table-top exercise; and-and analysis of the facility's response to and documentation of all drills, tabletop exercises, and emergency events. <p>On April 23, 2025, at 1:04 p.m., licensed assisted living director (LALD)-A stated they had not completed any testing or drills related to the EPP beyond fire drills and did not know it was required.</p>	0 680			

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0 680	<p>Continued From page 5</p> <p>The licensee's Plans for Natural Disasters and Emergencies policy dated August 1, 2021, read "[Licensee] will have a written plan of action to facilitate our resident's care and services in response to a natural disaster or another type of emergency that may affect our ability to provide services. This plan will be updated regularly and will be coordinated with local emergency responders, and where appropriate, with the management of senior housing buildings where our clients live. Each resident's record will include a contingency plan for emergency situations and staff will be trained on actions to take during a natural disaster or other type of emergency."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680			
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</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 current State Fire Code in Minnesota Rules, chapter 7511. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a</p>	0 775			

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0 775	<p>Continued From page 6</p> <p>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 April 22, 2025, from 10:30 a.m. to 2:30 p.m., the surveyor toured the facility with licensed assisted living director (LALD)-A. During the tour, the surveyor observed:</p> <p>CARBON MONOXIDE ALARMS All visited resident rooms, didn't have carbon monoxide alarms, mechanical room did not have a carbon monoxide alarm connected to the fire alarm panel. Mechanical rooms that have fuel fired appliances will be equipped with a carbon monoxide detector connected to the fire alarm panel or each resident living area will have a carbon monoxide alarm in accordance with MN State fire code.</p> <p>CONTROLLED EGRESS Controlled egress doors throughout the facility, surveyor asked LALD-A the location of the switch or device that unlocks all doors. A signal or switch to unlock the egress doors was not found or was not known by staff. Egress control locking system shall have the capability of being unlocked by a signal or switch from the fire command center, a nursing station, or other approved location. The signal or switch shall directly break power to the lock.</p> <p>FIRE RATED DOORS All resident rooms in the Three Pines section of the facility had fire rated assemblies and rated fire doors.</p>	0 775			

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0 775	Continued From page 7 Swinging fire doors shall close from the full-open position and latch automatically. During a facility tour on April 22, 2025, at 12:30 p.m., LALD-A, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Two (2) day.	0 775			
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The 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. (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. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill	0 810			

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0 810	<p>Continued From page 8</p> <p>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 safety and evacuation plan with the 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>During facility tour on April 22, 2025, from 10:30 a.m. to 2:30 p.m., surveyor observed the posted evacuation plans lacked identification of resident rooms. Exit plan diagrams must be correctly labeled to reduce confusion and potential obstructions for egress in a fire or similar emergency.</p> <p>On April 22, 2025, from 10:30 a.m. to 2:30 p.m., licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p>	0 810			

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0 810	Continued From page 9 FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP, titled "Fire Safety", undated, failed to include the following: UNIQUE AND UNUSUAL RESIDENT NEEDS: The FSEP included standard resident evacuation procedures but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan included instructions to evacuate residents but did not include any procedures for assisting residents during evacuation nor did it include instructions for staff to follow in case of relocation. On April 22, 2025, at 12:30 p.m., LALD-A stated they understood the areas of their policy that were incomplete and would work on bringing them into compliance. The policy reviewed was an unedited policy purchased from a third-party provider that was not specific to the facility. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810			
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your	0 950			

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0 950	<p>Continued From page 10</p> <p>"Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide the following verbatim notice to identify a designated representative for two of four residents (R2, R4).</p> <p>This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the client 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 of the residents).</p> <p>The findings include:</p> <p>R2's record contained a signed contract amended on December 18, 2023.</p>	0 950			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER THE WEALSHIRE OF BLOOMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 10601 LYNDALE AVENUE SOUTH BLOOMINGTON, MN 55420		
(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
0 950	Continued From page 11 R4's record contained a signed contract dated October 18, 2021. R2 and R4's contracts listed above lacked the statute required verbatim statement, written on its own page, giving the residents the right to designate their representative. On April 22, 2025, at 10:15 a.m., licensed assisted living director (LALD)-A provided the surveyor with a contract and stated it was an updated contract that included the Designated Representative with the required verbatim statement. LALD-A stated residents' current contracts included a designated representative notice that did not meet the statutory requirements and they would have all residents sign a new Designated Representative statement. LALD-A stated they were unaware that R2 and R4's records lacked the designated representative notice. The licensee's Contracts policy revised on December 18, 2024, indicated at time of contract execution, the resident would be provided an opportunity to identify a designated representative in writing in the contact and would be provided the required verbatim notice on a document separate from the contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950			
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment	02040			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER THE WEALSHIRE OF BLOOMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 10601 LYNDAL AVENUE SOUTH BLOOMINGTON, MN 55420		
(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
02040	<p>Continued From page 12</p> <p>An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct mitigation for hazard vulnerability or safety risk assessment on or around the facility property. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or 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 residents).</p> <p>The findings include:</p> <p>MITIGATIONS During record review on April 22, 2025, from 10:30 a.m. to 2:30 p.m., licensed assisted living director (LALD)-A. The licensee failed to provide mitigation for the hazards on the hazard vulnerability assessment (HVA). Facility did have a HVA completed with percentages assigned to each vulnerability, the assessment was missing mitigations to take when and if those hazards</p>	02040			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER THE WEALSHIRE OF BLOOMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 10601 LYNDAL AVE SOUTH BLOOMINGTON, MN 55420			
(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
02040	<p>Continued From page 13</p> <p>happened.</p> <p>On April 22, 2025, at 12:30 p.m. LALD-A stated they understood the requirements and would implement mitigations for hazards identified on HVA.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	02040			



Minnesota Department Of Health
Food, Pools, and Lodging Services
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 04/21/25
Time: 11:00:54
Report: 1050251078

Food and Beverage Establishment Inspection Report

Page 1

Location:

The Wealshire Of Bloomington
10601 Lyndale Avenue South
Bloomington, MN55420
Hennepin County, 27

Establishment Info:

ID #: 0037517
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9523451900
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.

4-200 Equipment Design and Construction

4-204.112A

MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.

OBSERVED SECONDARY THERMOMETER MISSING FROM REACH IN COOLER. DISCUSSED REPLACING MISSING DEVICE IN THE EVENT OF REFER FAILURE AMBIENT TEMPS CAN STILL BE MONITORED. COMPLY WITH RULE ABOVE.

OPERATOR REPLACED DEVICE ON SITE DURING INSPECTION.

Comply By: 04/21/25

Surface and Equipment Sanitizers

Hot Water: = at 171.5F Degrees Fahrenheit
Location: Dishwasher
Violation Issued: No

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit
Location: Sani Bucket
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/Tuna
Temperature: 38F Degrees Fahrenheit - Location: Walk-In Cooler
Violation Issued: No

Type: Full
Date: 04/21/25
Time: 11:00:54
Report: 1050251078
The Wealshire Of Bloomington

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding/Veggies Temperature: 38F Degrees Fahrenheit - Location: Walk-In Cooler Violation Issued: No
Process/Item: Cold Holding/Beef Temperature: 38F Degrees Fahrenheit - Location: Walk-In Cooler Violation Issued: No
Process/Item: Cold Holding/Ham Temperature: 38F Degrees Fahrenheit - Location: Walk-In Cooler Violation Issued: No
Process/Item: Cold Holding/Half & Half Temperature: 38F Degrees Fahrenheit - Location: Walk-In Cooler Violation Issued: No
Process/Item: Cold Holding/Oranges Temperature: 39F Degrees Fahrenheit - Location: Walk-In Cooler Violation Issued: No
Process/Item: Hot Holding/Puree Carrots Temperature: 186F Degrees Fahrenheit - Location: Hot Box Violation Issued: No

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

Announced inspection completed by MDH Andrew Spaulding and Sheila Miller on 4/21/25.

Vendors include US Foods and Bics with weekly deliveries.

Pest Control services conducted by Granite on a monthly basis. No pest issues to report at time of inspection.

Discussed door sweeps with facilities director on site during inspection.

Discussed food source, staff illness policy, cleaning, ware washing, sanitizer use, temperature control, hand washing, glove use, final cook temperatures, date marking, and food handling procedures.

Type: Full
Date: 04/21/25
Time: 11:00:54
Report: 1050251078
The Wealshire Of Bloomington

Food and Beverage Establishment Inspection Report

Page 3

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 1050251078 of 04/21/25.

Certified Food Protection Manager Sheila M. Miller


Certification Number: FM40422 Expires: 02/20/28


Inspection report reviewed with person in charge and emailed.

Signed: _____

Sheila M. Miller
Director Of Nutritional Svcs.

Signed: _____


Andrew Spaulding
Public Health Sanitarian 2
FPLS Metro
651-201-5298
andrew.spaulding@state.mn.us

Report #: 1050251078		Food Establishment Inspection Report							
<div><div>Minnesota Department Of Health Food, Pools, and Lodging Services P.O. Box 64975 St. Paul, MN 55164-0975</div></div>		No. of RF/PHI Categories Out		0		Date 04/21/25			
		No. of Repeat RF/PHI Categories Out		0		Time In 11:00:54			
		Legal Authority MN Rules Chapter 4626				Time Out			
The Wealshire Of Bloomington		Address 10601 Lyndale Avenue South		City/State Bloomington, MN		Zip Code 55420		Telephone 9523451900	
License/Permit # 0037517		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			
Supervision									
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT				PIC knowledgeable; duties & oversight					
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A				Certified food protection manager, duties					
Employee Health									
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT				Mgmt/Staff;knowledge,responsibilities&reporting					
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT				Proper use of reporting, restriction & exclusion					
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT				Procedures for responding to vomiting & diarrheal events					
Good Hygenic Practices									
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O				Proper eating, tasting, drinking, or tobacco use					
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O				No discharge from eyes, nose, & mouth					
Preventing Contamination by Hands									
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O				Hands clean & properly washed					
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed					
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT				Adequate handwashing sinks supplied/accessible					
Approved Source									
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT				Food obtained from approved source					
12 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O				Food received at proper temperature					
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT				Food in good condition, safe, & unadulterated					
14 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O				Required records available; shellstock tags, parasite destruction					
Protection from Contamination									
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				Food separated and protected					
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A				Food contact surfaces: cleaned & sanitized					
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT				Proper disposition of returned, previously served, reconditioned, & unsafe food					
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									
COS				R					
Safe Food and Water									
30 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A				Pasteurized eggs used where required					
31 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				Water & ice obtained from an approved source					
32 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A				Variance obtained for specialized processing methods					
Food Temperature Control									
33 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				Proper cooling methods used; adequate equipment for temperature control					
34 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O				Plant food properly cooked for hot holding					
35 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O				Approved thawing methods used					
36 <input checked="" type="radio"/> X				Thermometers provided & accurate					
Food Identification									
37 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				Food properly labeled; original container					
Prevention of Food Contamination									
38 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				Insects, rodents, & animals not present					
39 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				Contamination prevented during food prep, storage & display					
40 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				Personal cleanliness					
41 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				Wiping cloths: properly used & stored					
42 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				Washing fruits & vegetables					
Food Recalls:									
Person in Charge (Signature)									
Date: 04/21/25									
Inspector (Signature)									