



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 12, 2024

Licensee
Arbor Glen Senior Living
11020 39th Street North
Lake Elmo, MN 55042

RE: Project Number(s) SL33357016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 6, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

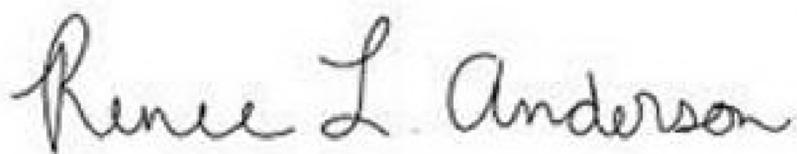
<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Renee L. Anderson, Supervisor

State Evaluation Team

Email: Renee.L.Anderson@state.mn.us

Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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>SL33357016-0</p> <p>On November 4, 2024, through November 6, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 84 residents; 59 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 4, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:</p>	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
0 680	<p>Continued From page 2</p> <p>(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;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(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.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required information in Appendix Z and the Minnesota Administrative Rule 4659.0110. This had the potential to 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, 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</p>	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
0 680	<p>Continued From page 3</p> <p>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 November 5, 2024, at 12:45 p.m., the surveyor requested the corporate clinical director (CCD)-D to provide the licensee's EPP information.</p> <p>The licensee emergency disaster preparedness plan lacked evidence of the following required content:</p> <ul style="list-style-type: none"> - annual updates; and - quarterly review of the missing resident policy. <p>On November 5, 2024, at 2:29 p.m., the regional director of operations (RDO)-C stated, via email, "I don't think we have this for [Licensee], but here is the start of one and will be our process moving forward." RDO-C provided a copy of the licensee's Emergency Preparedness review document dated November 5, 2024, completed at the time of the survey.</p> <p>The licensee's Emergency Preparedness Manual policy dated August 2023, indicated the emergency preparedness manual was reviewed annually.</p> <p>The licensee's Missing Resident / Elopement policy dated August 2022, included on page 3, "The Executive Director/Administrator and Director of Health Services will review the missing resident plan at least quarterly and document any changes to the plan. Facility staff will complete a missing resident drill at least annually."</p> <p>No other information was provided.</p>	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
0 680	Continued From page 4 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <ul style="list-style-type: none"> (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (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 (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>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>	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
0 780	<p>Continued From page 5</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 November 4, 2024, from 1:30 p.m. to 3:45 p.m., with environmental services director (ESD)-G, the surveyor made the following observations of non-compliance with the requirements of the Minnesota State Fire Code (MNSFC):</p> <p>FIRE RESISTANT RATED DOORS</p> <p>Several door closer arms were removed from the door closer mechanism on fire resistant rated doors installed in fire resistant rated walls including resident sleeping rooms 145, 218, 219, 224, 226, and 252.</p> <p>Several fire-resistant rated doors throughout the facility including the computer equipment room on second floor, storage room on first floor, and the maintenance office in the parking garage were provided with kick down door hold open devises that prevented the doors from closing automatically.</p> <p>Fire resistant rated doors are required to automatically close and latch to prevent the spread of flame and smoke in the event of a fire or similar emergency in accordance with MNSFC Section 1105.</p> <p>MEANS OF EGRESS</p>	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
0 780	<p>Continued From page 6</p> <p>Slide bolt locks were installed at the top of the marked exit doors leading to the corridor from the dining room requiring 2 operations to release to open. Marked exit doors are required to release to open in one operation from the egress side of the door in accordance with MNSFC Section 1010.</p> <p>There was storage and boxes blocking the marked exit door leading from the commercial kitchen to the exterior. The path of egress is required to be maintained free of obstructions that prevent its full and instant use in the event of a fire or similar emergency in accordance with MNSFC Section 1031.</p> <p>ELECTRICAL EXTENSION CORDS</p> <p>There were electrical extension cords used to supply power to the refrigerators in mechanical room 215, and in the office near resident sleeping room 207.</p> <p>There were electrical extension cords used to supply power to the lights in the greenhouse in the underground parking garage.</p> <p>Electrical extension cords shall not be used as permanent wiring and shall be used in accordance with MNSFC Section 604.</p> <p>INTERCONNECTED SMOKE ALARMS</p> <p>The smoke alarms were not interconnected so activation of one smoke alarm activates all alarms in resident sleeping room 275. Smoke alarms are required to be interconnected so activation of one alarm activates all alarms where multiple alarms are required in a dwelling unit.</p> <p>FIRE RESISTANT RATED WALL PENETRATIONS</p>	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
0 780	<p>Continued From page 7</p> <p>There were electrical hole penetrations that were not fire stopped and sealed through the fire-resistant rated walls separating the egress corridor from computer equipment rooms in the second floor Pub, and in the dementia care unit. Fire resistant rated wall penetrations are required to be sealed and fire stopped in accordance with MNSFC Section 703.</p> <p>OPEN ELECTRICAL BOXES</p> <p>There was an electrical junction box in the greenhouse in the underground parking garage that did not have a cover installed exposing the electrical wires. Electrical junction boxes shall be provided with covers in accordance with MNSFC Section 604. During the facility tour ESD-G, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 780		
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:</p> <ul style="list-style-type: none"> (1) location and number of resident sleeping rooms; (2) employee 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 	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
0 810	<p>Continued From page 8</p> <p>or unusual resident needs for movement or evacuation.</p> <p>(c) Employees 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 employees 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 provide evacuation drills in the required sequence. 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>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
0 810	<p>Continued From page 9</p> <p>On November 4, 2024, at 1:00 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> <p>DRILLS</p> <p>Record review of the available documentation indicated the licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month as evident by providing documentation evacuation drills were completed April 5, 2024, May 2, 2024, June 2, 2024, July 30, 2024, and August 28, 2024, only. The documentation provided indicated the drills were all completed during the day shift.</p> <p>No further information was provided.</p> <p>During an interview on November 4, 2024, at 1:30 p.m., LALD-A stated documentation was not available indicating evacuation drills were completed as required.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 810		
0 830 SS=F	<p>144G.45 Subd. 3 Local laws apply</p> <p>Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements.</p> <p>This MN Requirement is not met as evidenced</p>	0 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
0 830	<p>Continued From page 10</p> <p>by: Based on observation and interview, the licensee failed to comply with all state and local governing laws, and codes, for building permit requirements. 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, 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 a facility tour on November 4, 2024, from 1:30 p.m. to 3:45 p.m., with environmental services director (ESD)-G, the surveyor made the following observations of facility non-compliance with local building permit requirements:</p> <p>There was a room built out of wood studs and sheet plastic and used by residents as a greenhouse in the underground parking garage. Approvals are required from the local building code authority in accordance with Minnesota Building Code Chapter 1300.0120, and Minnesota Department of Health for all building construction work within the property lines of the facility.</p> <p>During the facility tour ESD-G, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	0 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
0 830	Continued From page 11 days.	0 830		
01620 SS=D	<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 observation, interview, and record review the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessment, utilizing a uniform assessment tool, no more than 14 days after admission for one of four residents (R3). The licensee also failed to ensure the RN conducted</p>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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 12</p> <p>ongoing resident monitoring and reassessment, utilizing a uniform assessment tool not to exceed 90 calendar days from the last assessment date for one of four residents (R2).</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>On November 4, 2024, at 10:20 a.m., during the entrance conference, the corporate clinical director (CCD)-D stated the licensee completed assessments upon admission, at 14 days, every 90 days, and with changes in condition.</p> <p>On November 4, 2024, at 1:00 p.m., the surveyor observed unlicensed personnel (ULP)-E and ULP-J assist R2 with a mechanical lift transfer and toileting cares.</p> <p>On November 5, 2024, at 8:20 a.m., the surveyor observed ULP-I assist R3 with medication administration.</p> <p>R2 R2's service plan dated December 12, 2023, indicated R2 received services including assistance with laundry, housekeeping, dressing, bathing, grooming, meals with feeding assistance, mechanical lift transfers, and medication management.</p> <p>R2's medical record included a 90-day</p>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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 13</p> <p>reassessment dated April 3, 2024, and a 90-day reassessment dated August 20, 2024, which was 49 days after the 90-day assessment was due.</p> <p>R3 R3 was admitted October 20, 2023, and had diagnoses including premature atrial contraction (an extra heartbeat that originates in the upper chambers of the heart), and Raynaud's syndrome (decreased blood flow to fingers and toes).</p> <p>R3's service plan dated December 7, 2023, indicated R3 received services including assistance with laundry, housekeeping, meals, dressing, and medication management.</p> <p>R3's medical record included an admission assessment completed October 20, 2023, and a 14-day reassessment completed November 17, 2023, which was 14 days after the reassessment was due.</p> <p>On November 6, 2024, at 8:15 a.m., clinical nurse supervisor (CNS)-B stated she thought R2's 90-day reassessment was started within 90 days from the previous assessment. CNS-B verbalized she contacted the licensee's electronic medical record (EMR) provider, and they indicated the EMR may not have interfaced correctly with date R2's next assessment was due to be completed. Also, CNS-B stated R3's 14-day assessment comprehensive nursing reassessment was not completed timely. Finally, CNS-B stated she planned to complete a full audit of the residents' assessment dates in the EMR.</p> <p>The licensee's Assessment of Clients - Initial and Ongoing policy dated May 23, 2022, included "3. The RN will determine the frequency of re-assessments based on the client's needs, with</p>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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	Continued From page 14 the frequency between assessments no more than 14 days after initiation of care and thereafter not to exceed 90 days from the last date of the assessment." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to date time-sensitive medications with opened or expiration dates for one of one resident (R6). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include:	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
01890	<p>Continued From page 15</p> <p>On November 6, 2024, at 8:42 a.m., the surveyor observed unlicensed personnel (ULP)-J administer medications to R6. ULP-J observed R6's blood glucose (BG) result after R6 self-checked her BG level with a Dexcom continuous glucose sensor. R6's locked medication cabinet included one opened Lantus (long-acting insulin) pen and one opened Humalog (fast-acting insulin) pen. ULP-J administered two units of Humalog insulin and 20 units of Lantus insulin to R6 according to R6's provider orders.</p> <p>R6's Lantus and Humalog insulin pens both lacked an opened date to indicated when the pens were first opened and used. ULP-J stated the nurses were responsible to label the insulin pens when opened.</p> <p>The manufacturer's instructions for Lantus insulin pens dated 2024, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it.</p> <p>The manufacturer's instructions for Humalog insulin pens revised July 2023, directed "to throw away the Humalog insulin pen you are using after 28 days, even if it still has insulin left in it."</p> <p>On November 6, 2024, at 8:50 a.m., the clinical nursing supervisor (CNS)-B and registered nurse (RN)-F stated the staff were trained to label and date multi-use medications when opened. -at 9:08 a.m., RN-F checked R6's insulin pens in R6's locked medication cabinet and verbalized the open date was missing on the Lantus or Humalog insulin pen. RN-F verbalized she placed a permanent marker in the locked medication cabinet for the staff to use when opening a new insulin pen. Also, RN-F stated she planned to</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARBOR GLEN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11020 39TH STREET NORTH LAKE ELMO, MN 55042
---	---

(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
01890	<p>Continued From page 16</p> <p>complete education with the staff.</p> <p>The licensee's Storage of Medication and Key Security policy, dated April 19, 2023, included "1. a. Until the medication is set up for immediate or later administration by a nurse, a legend drug must be kept in its original container bearing the original prescription label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration date of time-dated drug, directions for use, client's name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medications."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		

Type: Follow-Up
Date: 12/04/24
Time: 09:30:00
Report: 1031241358

Food and Beverage Establishment Inspection Report

Page 1

Location:

Arbor Glen Senior Living
11020 39th Street North
Lake Elmo, MN55042
Washington County, 82

Establishment Info:

ID #: 0039120
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6517041444
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.

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

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Environmental Health inspection report number 1031241358 of 12/04/24.

Certified Food Protection Manager Patty M. Dzelak

Certification Number: FM61040 Expires: 09/27/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

Patty M. Dzelak
Person in Charge

Signed: _____

Chris Foster
Public Health Sanitarian III
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us

Type: Full
Date: 11/04/24
Time: 11:00:00
Report: 1031241314

Food and Beverage Establishment Inspection Report

Page 1

Location:

Arbor Glen Senior Living
11020 39th Street North
Lake Elmo, MN55042
Washington County, 82

Establishment Info:

ID #: 0039120
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6517041444
ID #:

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

The following orders were issued during this inspection.

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) ** Priority 1 **

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

PACKAGES OF RAW HAMBURGER PATTIES FOUND LEANING AGAINST PAN (WITH LID) OF DELI HAM.

HAD STAFF SEPARATE RAW FOOD FROM READY-TO-EAT FOOD.

DO NOT STORE RAW ITEMS NEXT TO READY-TO-EAT FOODS.

Comply By: 11/05/24

3-500B Microbial Control: hot and cold holding

3-501.16A2 ** Priority 1 **

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

BUTTER STORED IN PREP AREA AND MAIN SERVICE AREA MEASURED 70-74F.

****BUTTER DISCARDED.****

ALWAYS STORE BUTTER UNDER REFRIGERATION.

A WORKING STOCK OF BUTTER IS ALLOWED FOR BAKING AND SERVICE PURPOSES, AS DISCUSSED ON SITE.

Comply By: 11/05/24

Type: Full
Date: 11/04/24
Time: 11:00:00
Report: 1031241314
Arbor Glen Senior Living

Food and Beverage Establishment Inspection Report

Page 2

3-500D Microbial Control: disposition of food

3-501.18A **** Priority 1 ****

MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.

SOUP, ROUX, TURKEY, AND CHEESE FOUND DATED PAST 7 DAYS.

****ITEMS DISCARDED.****

CHECK ALL REFRIGERATION UNITS FOR ITEMS PAST DATE MARKING DAILY.

Comply By: 11/05/24

4-600 Cleaning Equipment and Utensils

4-601.11A **** Priority 2 ****

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

CAN OPENER FOUND WITH FOOD BUILDUP ON BLADE.

HAD CAN OPENER SENT TO DISH FOR CLEANING.

CHECK CAN OPENER FOR BLADE DEBRIS PRIOR TO USE AND CLEAN CAN OPENER AFTER USE DAILY.

Comply By: 11/05/24

4-400 Equipment Location and Installation

4-402.11A

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.

THE FOLLOWING AREAS NEED TO HAVE SILICONE REMOVED, AREA CLEANED, AND RESILICONED WITH 100% SILICONE.

SILICONE APPLICATION PROCESS INFORMATION SENT WITH REPORT.

1. DISH SOIL TABLE.
2. MAIN SERVICE AREA HANDSINK (SILICONE MISSING)

Comply By: 11/25/24

6-300 Physical Facility Numbers and Capacities

6-303.11A

MN Rule 4626.1470A Provide at least 10 foot candles (108 LUX) of light intensity at a distance of 30 inches from the floor in the walk-in refrigeration units, dry food storage areas, and in other areas during periods of cleaning.

WALK-IN COOLER LIGHTING IS BELOW REQUIRED LEVELS. EXCHANGE BULB FOR INCREASED WATTAGE, OR ADD ADDITIONAL LIGHTING TO COOLER.

Comply By: 11/25/24

Type: Full
Date: 11/04/24
Time: 11:00:00
Report: 1031241314
Arbor Glen Senior Living

Food and Beverage Establishment Inspection Report

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.

1. FRP CORNERS IN HIGH TRAFFIC AREAS ARE DAMAGED. REPAIR FRP CORNERS.
RECOMMENDED: PURCHASE AND INSTALL STAINLESS STEEL CORNER GUARDS.

2. CEILING GRID IN KITCHEN MISSING SECTION. INSTALL MISSING GRIDWORK.

Comply By: 11/25/24

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

SEE COMMENTS.....

Comply By: 11/25/24

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 at Degrees Fahrenheit

Location: Sanitizer Dispenser

Violation Issued: No

Quaternary Ammonia: = 300 at Degrees Fahrenheit

Location: Sani Bucket

Violation Issued: No

Hot Water: = at 163 Degrees Fahrenheit

Location: Dish Machine

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/Milk

Temperature: 38 Degrees Fahrenheit - Location: Undercounter Cooler (mem service)

Violation Issued: No

Process/Item: Cold Hold/Cho Milk

Temperature: 37 Degrees Fahrenheit - Location: Tabletop Cooler (main service)

Violation Issued: No

Process/Item: Cold Hold/Butter

Temperature: 74 Degrees Fahrenheit - Location: 6 Pan on Counter (main service) Dated 10/26

Violation Issued: Yes

Process/Item: Cold Hold/Pork Roast

Temperature: 34 Degrees Fahrenheit - Location: Walk-in Cooler

Violation Issued: No

Process/Item: Hot Hold/Chicken Veg

Temperature: 182 Degrees Fahrenheit - Location: Soup Warmer (by dish)

Violation Issued: No

Type: Full
Date: 11/04/24
Time: 11:00:00
Report: 1031241314
Arbor Glen Senior Living

Food and Beverage Establishment Inspection Report

Process/Item: Hot Hold/Chicken Veg
Temperature: 172 Degrees Fahrenheit - Location: Soup Warmer (mem service)
Violation Issued: No

Process/Item: Cold Hold/Deli Ham
Temperature: 37 Degrees Fahrenheit - Location: Prep Table (top)
Violation Issued: No

Process/Item: Cold Hold/Tomatoes; Sliced
Temperature: 35 Degrees Fahrenheit - Location: Prep Table (bottom)
Violation Issued: No

Process/Item: Hot Hold/Burger Patty
Temperature: 155 Degrees Fahrenheit - Location: Steam Table
Violation Issued: No

Process/Item: Cold Hold/Butter
Temperature: 70 Degrees Fahrenheit - Location: 3lbs on Prep Table Shelf
Violation Issued: Yes

Process/Item: Cold Hold/Milk
Temperature: 40 Degrees Fahrenheit - Location: True Cooler
Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		3	1	4

Nurse Evaluator on site: Dede Hinnendael

All violations discussed with Patty and Bobby after inspection.

Establishment has full commercial kitchen.

Discussed:

- Facilities upkeep and maintenance
- Date marking
- Cross-contamination

COMMENTS:

1. Clean and remove any equipment from prep area that is not being used.
2. Clean black portable fan in prep area.
3. When storing knives on cart in prep area, always place them in a clean 3-pan.
4. Clean knife holders on regular basis.

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

1. RED FLOOR GROUT HAS DIRT/DEBRIS CAUSING IT TO BLACKEN.
CLEAN GROUT THROUGHOUT KITCHEN.

Type: Full
Date: 11/04/24
Time: 11:00:00
Report: 1031241314
Arbor Glen Senior Living

Food and Beverage Establishment Inspection Report

2. PREP AREA WALLS AND SHELVING BRACKETS HAVE SPLASHES.
CLEAN WALLS AND BRACKETS.

3. DRY STORAGE FLOORS HAVE DEBRIS UNDER SHELVING.
CLEAN UNDER SHELVING.

4. MAIN SERVICE AREA FLOOR IS STICKY - POSSIBLY FROM SOAP USED.
CLEAN FLOOR. USE DIFFERENT PRODUCT IF FLOOR REMAINS STICKY.

5. FRONT OF COOKING HOOD, CEILING TILES IN FRONT OF HOOD AND BEHIND TRUE COOLER,
AND INTAKE GRATES ABOVE COOK LINE AND CHEF'S TABLE HAVE BUILDUP OF
DUST/DEBRIS.

REMOVE ALL CEILING DEPOSITS OF DUST/DEBRIS. INTAKE VENTS MUST BE REPLACED IF
UNABLE TO BE PROPERLY CLEANED.

****PLACE THIS ITEM ON CLEANING SCHEDULE TO PREVENT BUILDUP.**

NOTIFY INSPECTOR OF ADDITIONS OR CHANGES TO THE BUILDING, MAJOR EQUIPMENT
ADDITIONS, OR CHANGES OF EQUIPMENT DUE TO A MENU CHANGE. THESE ACTIONS MAY
REQUIRE A REMODEL PLAN REVIEW.

**NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or
alterations.**

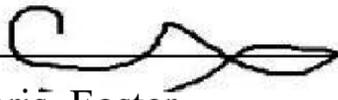
I acknowledge receipt of the Environmental Health inspection report number
1031241314 of 11/04/24.

Certified Food Protection Manager Patty M. Dzelak

Certification Number: FM61040 Expires: 09/27/27

Inspection report reviewed with person in charge and emailed.

Signed: _____
Patty Dzelak
Person in Charge

Signed:  _____
Chris Foster
Public Health Sanitarian II
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us