DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

March 22, 2022

Administrator
Cascade Creek Memory Care
3530 Fairway Ridge Lane Southwest
Rochester, MN 55902

RE: Project Number(s) SL37785015

Dear Administrator:

On March 15, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the December 9, 2021, evaluation were corrected. The follow-up evaluation verified that the facility is back in compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

Matthew Heffron

Matthew Heffron, Supervisor
Health Regulation Division
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: 651-201-4221 Fax: 651-281-9796

Electronically Delivered

January 11, 2022

Administrator
Cascade Creek Memory Care
3530 Fairway Ridge Lane Southwest
Rochester, MN 55902

RE: Project Number(s) SL37785015-0

Dear Administrator:

This is your **official notice** that you have been **granted your assisted living facility license with dementia care.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial evaluation on December 9, 2021, for the purpose assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. 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 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.

In accordance with Minn. Stat. § 144G.20, Subd. 4(a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 residents/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 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 the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91 Subd. 8), Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general Free from Maltreatment reconsideration

reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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85 East Seventh Place
St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Matthew Heffron, Supervisor
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-4221 Fax: 651-215-9697

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37785	A. BUILDING: _____ B. WING _____	12/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE CREEK MEMORY CARE	3530 FAIRWAY RIDGE LANE SW ROCHESTER, MN 55902

(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	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDERS In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL37785015 On December 7, 2021 through December 9, 2021, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 13 residents receiving services under the provider's Provisional Assisted Living with Dementia Care license. ****REVISED**** This State form replaces the previous state form you received with our letter dated January 11, 2022. Further review by staff of this department resulted in the following tag being rescinded: 0640 144G.42, Subd. 7, Posting information for reporting suspected crime and maltreatment	0 000	Minnesota Department of Health is documenting the State Licensing 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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	

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0 000	Continued From page 1 No changes were made to the letter dated January 11, 2022.	0 000		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared according to the Minnesota Food Code. This had the potential to affect all 13 current residents of the facility. 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	0 480		

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0 480	Continued From page 2 of the residents). Findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated December 7, 2021, for the specific Minnesota Food Code deficiencies. Time period for correction: Twenty-one (21) days.	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 tenant 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	0 680		

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0 680	Continued From page 3 requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop an emergency preparedness plan with all the required content outlined in Appendix Z. In addition, the licensee failed to comply with the frequency of inspection, maintenance, and load test requirements for the facility's emergency power system (permanent generator) as part of the facility's emergency disaster and preparedness plan as required under Minnesota Rules, Part 4659.0100. This had the potential to affect the current residents receiving services under the assisted living license, staff, and visitors to the facility. 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). Findings include: FACILITY EMERGENCY PREPAREDNESS PLAN On December 7, 2021, at approximately 9:50 a.m., during the entrance conference, the emergency preparedness plan, procedures, and protocols were requested. The Executive Director (ED)-A stated an emergency preparedness binder is kept at the front desk. The licensee's plan consisted of a three-ring binder. The plan lacked the customized Appendix	0 680		

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0 680	Continued From page 4 Z required content to include: - A collaboration and cooperation process for State and Federal emergency response. - A plan for evacuated residents on how to request assistance from staff. - A plan for shelter in place for residents, staff, and volunteers who remain in the facility. - A plan to address the use of volunteers and other emergency staffing. No further information was provided. EMERGENCY POWER SYSTEM On December 7, 2021, between 1:00 p.m. and 1:30 p.m. engineering survey staff spoke with (ED)-A and Environmental Services Director, (ESD)-G and requested the records of inspection, maintenance, and load test records of the emergency power generator as part of the facility's shelter in place emergency disaster and preparedness plan for review. At approximately 5:00 p.m. survey staff asked again during the interview with the ED-A. ED-A explained that the records are kept in electronic format and only ESD-G, has access to those records, but had left the building. ED-A asked if the records could be emailed. Survey staff agreed to be emailed by end of day. On December 8, 2021, at 1:25 p.m., staff received an email from ED-A with an attached emergency generator test report dated May 24, 2021 for review. The licensee failed to provide the minimum frequency of inspection and load test requirements for the emergency power generator as outlined under NFPA 110, (as referenced under the Code of Federal Regulations, title 42,	0 680		

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0 680	Continued From page 5 section 483.73) to ensure proper performance of the generator as follows: -No records of weekly inspections of the generator systems. -Insufficient numbers of monthly generator load tests. The last generator load test report showed test was performed on May 24, 2021. -Insufficient numbers of monthly transfer switch operation tests. The report also showed the transfer switch was May 24, 2021. Time Period for Correction: Twenty-one (21) days.	0 680		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to secure a utility room that was in close proximity to the communal dining area and commonly accessible to residents. This had the potential to affect all 13 residents. 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	0 800		

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0 800	Continued From page 6 or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: During observation on December 8, 2021 at approximately 10:15 a.m., surveyors noted a door to a room that had laundry services. Surveyors turned the door handle to this room and found it was unlocked. Surveyors observed the dryer running with laundry in it. An unlabeled bucket containing blue liquid was on the floor. The surveyors noted the room did not have an emergency pull cord. When the surveyors exited the room, the door closed behind them automatically. The surveyors again tried to open the door, and found the door was still unlocked. On December 8, 2021 at approximately 2:53 p.m., Executive director (ED)-A stated she was not aware that the door was unlocked and that it should not be. Later that day ED-A stated that when she tested the door, she was unable to unlock the door and keep the door unlocked. On December 9, 2021 at approximately 1:07 p.m., ED-A stated the tubes and bucket on the floor of the room, with blue liquid inside the bucket, were part the laundry machine system overflow system. On December 14, 2021, at approximately 11:00 a.m., ED-A stated the room was designed to serve as a life skills laundry room for more independent residents and none of the current residents do their own laundry. ED-A stated the commercial company manages the chemicals used for the laundry services.	0 800		

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0 800	Continued From page 7 The licensee's policy, 3.09 ALDC Physical Environment, Fire Protection & Staffing, effective date July 31, 2021, was reviewed on December 14, 2021. Contained in the policy, "1. A hazard vulnerability assessment is on file for Cascade Creek. Identified hazards are assessed with reasonable mitigation strategies employed to protect residents from harm." No further information was provided. Time period for correction: Seven (7) days.	0 800		
01760 SS=A	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure medications were properly administered when unlicensed personnel (ULP)-D recapped an insulin pen needle after administering insulin to one of one (R1) residents reviewed.	01760		

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01760	Continued From page 8 This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at 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). Findings include: R1's baseline assessment, dated November 30, 2021, indicated R1 required staff assistance with all medication services and treatments. R1's diagnoses included type 2 diabetes and Alzheimer's disease. R1 received insulin four times daily, to be provided by the "resident assistant" (unlicensed personnel). R1's prescriber order, dated November 30, 2021, included the following diabetic injection medication: Novolin N Flexpen 100 units/mL, daily in the morning. During an observation on December 8, 2021, at approximately 8:00 a.m., ULP-D performed hand hygiene, opened the medication cart, set up oral medications, and gathered blood sugar and insulin supplies for R1. ULP-D set up a needle for the insulin pen, primed the pen and wasted two units, then dialed and set the dosage. ULP-D entered R1's room, donned gloves, obtained R1's blood sugar and told R1 the result. ULP-D then gave R1 his insulin injection. ULP-D removed her gloves and performed hand hygiene, returned to the medication cart with the supplies, setting the insulin pen with exposed needle down on the cart. ULP-D put the needle cap back on the pen,	01760		

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01760	Continued From page 9 twisted off the capped needle from the pen and placed it in the sharps container located on the medication cart. ULP-D then realized the used test strip was still in the glucometer and removed it with a clean glove and placed the used test strip in the trash. On December 8, 2021, at approximately 8:10 a.m., ULP-D stated she had "lots" of experience with giving medications. During interview on December 8, 2021, at 2:55 p.m., Registered Nurse (RN)-B stated that staff are not trained to recap needles and should not be doing that. No further information was provided. Time period for correction: Twenty-one (21) days.	01760		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name,	01910		

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01910	Continued From page 10 strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document the prescription number and date of destruction for the disposition of unused narcotics for one of one (R2) residents reviewed. 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). Findings include: R2 baseline assessment dated November 11, 2021, indicated R2 required staff assistance with all medication services and treatments. R2 had a history of dementia, prostate cancer and heart disease. Review of R2's document titled Expired/Damaged/Discontinued Medication Log for the month of November, 2021, listed the following medications: Haloperidol 0.5 mg solutab, 30 tabs, expiration date November 16, 2022. Hydromorphone 1 mg solutab, 26 tabs, expiration date November 16, 2022. Haloperidol 0.5 mg solutab, 26 tabs, expiration date November 16, 2022.	01910		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE CREEK MEMORY CARE	3530 FAIRWAY RIDGE LANE SW ROCHESTER, MN 55902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01910	Continued From page 11 Hydromorphone 1mg solutab, 30 tabs, expiration date November 16, 2022. Lorazepam 0.5 mg solutab, 4 tabs, expiration date November 16, 2022. Aspirin 81 mg, 10 tabs, expiration date September 2022. The document also included the method of destruction via "drug buster" and signed by Registered Nurse (RN)-A and a witness. On December 8, 2021, at approximately 3:30 p.m., RN-A confirmed R2's document did not include the date of destruction and the prescription numbers. RN-A stated she had the information on a note and was thinking of re-doing the document with the included information. Licensee's policy titled Medications and Treatments dated July 31, 2021, indicated unused controlled substances, upon disposition, must be documented in the resident's record. Documentation must include the medications name, strength, prescription number as applicable, quantity, date of disposition, and names of staff (including a witness) and other individuals involved in the disposition. No other information was provided. Time period for correction. Twenty-one (21) days.	01910		

Minnesota Department of Health
Food, Pools, Lodging
18 Woodlake Dr. SE
Rochester
507-206-2700

Type: Full
Date: *12/07/21*
Time: 14:31:09
Report: 8074211149

Food and Beverage Establishment Inspection Report

Location:
Cascade Creek Memory Care
3530 Fairway Ridge Lane Sw
Rochester, MN55902
Olmsted County, 55

Establishment Info:
ID #: 0037510
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5074147900
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.

3-500D 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.

shredded lettuce past 7 days, discarded.

Comply By: 12/07/21

4-300 Equipment Numbers and Capacities

4-302.12B ***** Priority 2 *****

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

Thermometers on site are all thick stem.

Comply By: 12/15/21

4-300 Equipment Numbers and Capacities

4-302.13B ***** Priority 2 *****

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

no thermometer for dish machine.

Comply By: 12/15/21

Type: Full
Date: *12/07/21*
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Cascade Creek Memory Care

Food and Beverage Establishment Inspection Report

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

No CFPM, only serve safe certificate. Application sent to David Garness.

Comply By: 12/31/21

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400ppm at Degrees Fahrenheit
Location: three compartment sink
Violation Issued: No

Hot Water: = at 167 Degrees Fahrenheit
Location: internal dish machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 167 Degrees Fahrenheit - Location: chicken
Violation Issued: No

Process/Item: Hot Holding
Temperature: 182 Degrees Fahrenheit - Location: baked potato
Violation Issued: No

Process/Item: Hot Holding
Temperature: 202 Degrees Fahrenheit - Location: asparagus
Violation Issued: No

Process/Item: Cooking
Temperature: 206 Degrees Fahrenheit - Location: stew
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 39 Degrees Fahrenheit - Location: meat sauce
Violation Issued: No

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

Establishment Info:
David Garness dgarness@anthemmemorycare.com

Type: Full
Date: *12/07/21*
Time: 14:31:09
Report: 8074211149
Cascade Creek Memory Care

Food and Beverage Establishment Inspection Report

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 8074211149 of 12/07/21.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Inspection report reviewed with person in charge and emailed.

Signed:_____
Establishment Representative

Signed:_____
Inspector #8074

651-201-4500
health.foodlodging@state.mn.us