

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24E116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER Andrew Residence		STREET ADDRESS, CITY, STATE, ZIP CODE 1215 South 9th Street Minneapolis, MN 55404	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and document review, the facility failed to ensure the proper use of beard restraints during food preparation and meal service. This had the potential to affect all 191 residents who received food from the kitchen. Findings include: During observation and interview on 8/26/26 at 7:15 a.m., cook (C)-A was observed to have gray whiskers covering his chin and lower cheeks which were approximately 1/2 inch in length. He took the temperatures of oatmeal and scrambled eggs without wearing a beard restraint. When asked about beard restraints, C-A stated, Am I supposed to be wearing one?. He said no one in the kitchen wore beard coverings and would not even know where to find one if it was required. During observation and interview on 08/26/2026 at 7:20 a.m., C-B was observed to have black whiskers covering his chin and cheeks which were approximately one to two inches in length. He stirred separate pots of vegetables and chicken to be used in soup without wearing a beard restraint. C-B stated kitchen staff never wore beard coverings, and the facility had never required this. He said, We probably should be wearing them, since it's foodservice and all. During observation and interview on 08/26/2026 at 10:20 a.m., kitchen lead (KL)-A stated he thought beard restraints were required. When asked to indicate where staff could find beard restraints, KL-A specified a set of shelves in the kitchen which were designated for hygiene supplies. While the shelves had disposable gloves, hair restraints, and aprons, there were no beard restraints. KL-A stated it looked like they did not have any beard coverings and he would include this item on his next order. KL-A stated employees are required to keep all hair covered when preparing and serving food. The facility did not have a Food Service Director (FSD) on staff at the time of survey, and the Registered Dietitian (RD) was unavailable for interview. A policy titled Infection Control of the Food Service Department dated 6/19/19, directed staff to wear hair coverings and to keep mustaches, sideburns, and beards neatly trimmed.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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