Electronically Delivered

September 10, 2025

Licensee
Sherburn EDA Operating Temperance Lake Ridge
410 Fox Lake Avenue
Sherburn, MN 56171

RE: Project Number(s) SL30233016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 24, 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 . . ."

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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30233	A. BUILDING: _____ B. WING _____	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERBURN EDA OPERATING TEMPERANCE LAKE RIDGE	410 FOX LAKE AVENUE SHERBURN, MN 56171

(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 *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) 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: SL30233016-0 On July 21, 2025, through July 24, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 54 residents; 53 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	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. 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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SHERBURN EDA OPERATING TEMPERANCE L	410 FOX LAKE AVENUE SHERBURN, MN 56171

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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	Continued From page 2 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. 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. 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated, July 24, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, information about the licensee's grievance procedure with the required content. This had the potential to affect the licensee's current 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when	0 550		

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0 550	Continued From page 4 problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On July 21, 2025, at 11:00 a.m. during the facility tour, the surveyor observed the main entry area and resident common areas of the building. Inside the front entrance and by the dining room were bulletin boards that had grievance forms and other required postings. No posted grievance procedure was found. On July 21, 2025, at 2:13 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A toured with the surveyor. The grievance form was found and had fallen off the wall from bulletin board behind a piece of furniture. The posting was titled "Your Voice Matters! We have three different methods for you to express concerns about your community to us. Feel free to leave us an anonymous note on our website, email us, or call us" Though there were blank grievance forms available, and an email and phone number posted, the facility grievance procedure to include the name for the individual responsible for handling resident complaints was not posted. In addition, the contact information for the Office of Ombudsman for Long-Term Care (OOLTC), Office of Ombudsman for Mental Health and Developmental Disabilities (OOMHDD), and Minnesota Adult Abuse Reporting Center (MAARC) was missing from the grievance form. On July 21, 2025, at 2:37 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated the posted information lacked the above content as required.	0 550		

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0 550	Continued From page 5 The licensee's 2.10 Complaint/Grievance Posting policy dated January 30, 2024, noted [The Licensee] would post, in a conspicuous place, information about the complaint/grievance procedure, and the name, telephone number, and email contact information for the individual(s) who are responsible for handling resident complaint/grievances. The posting would also have the contact information for the Office of Ombudsman for Long-term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Minnesota Adult Abuse Reporting Center. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550		
0 690 SS=D	144G.43 Subdivision 1 Resident record (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure entries in the resident records were authenticated by the title of the person making the entry for two of three residents (R1, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 690		

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0 690	Continued From page 6 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: R1's Progress Notes dated April 28, 2025, at 7:36 p.m., April 29, 2025, at 10:39 a.m. and 12:42 p.m., April 30, 2025, at 2:49 p.m., May 2, 2025, at 1:29 p.m., May 9, 2025, at 12:24 p.m., May 14, 2025, at 4:20 p.m., May 15, 2025, at 1:32 p.m. and 3:15 p.m., May 16, 2025, at 4:38 p.m. identified licensed practical nurse (LPN)-E's name as the author with title of "nurse". The entries were not authenticated with the title of the person completing the entry. R3's Progress Notes dated April 21, 2025, at 12:11 p.m., April 22, 2025, at 3:45 p.m., April 23, 2025, at 3:31 p.m., May 2, 2025, at 4:08 p.m., May 13, 2025, at 11:35 a.m., May 20, 2025, at 5:39 p.m., May 21, 2025, at 2:51 p.m., May 27, 2025, at 2:05 p.m. and 3:04 p.m. identified LPN-E's name as the author with title of "nurse". The entries were not authenticated with the title of the person completing the entry. On July 23, 2025, at 1:38 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated the progress notes as identified above were written by LPN- E. CNS/LALD-A stated the appropriate credentials had not have been set up correctly in the licensee's electronic documentation system. CNS/LALD-A stated entries in the medical record should include staff name/signature and	0 690		

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0 690	Continued From page 7 title/credentials. The licensee's 2.37 Resident Record - Documentation policy dated revised August 13, 2024, indicated all documentation would include the signature and title of the person who performed the service. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 690		
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 ensure time sensitive medications were dated when opened for two of three residents (R5, R6) with eye drops. 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).	01890		

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01890	Continued From page 8 The findings include: R5 R5's diagnoses included dementia. R5's Service Addendum to the Assisted Living Contract dated June 30, 2025, indicated R5 received services including medication administration and storage. R6 R5's diagnoses included Alzheimer's disease. R6's Service Addendum to the Assisted Living Contract dated June 24, 2025, indicated R6 received services including medication administration and storage. On July 22, 2025, at 8:18 a.m., the surveyor observed the secured memory care medication cart with unlicensed personnel (ULP)-B. ULP-B stated eye drops should be dated when opened and/or when they would expire. R5's latanoprost (used to treat high pressure inside the eye) eye drops lacked a date to indicate when staff opened it, or when it would expire. R6's latanoprost eye drops lacked a date to indicate when staff opened it, or when it would expire. On July 22, 2025, at 12:50 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated time sensitive medications such as latanoprost should be dated when opened.	01890		

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01890	Continued From page 9 The Xalatan (latanoprost) manufacturer's instructions package insert dated August 2011, identified once a bottle is opened for use, it may be stored at room temperature for six weeks. The licensee's 7.44 Centralized Medication Storage policy noted medications would be stored safely, securely, and properly, following manufacturers' recommendations or those of the supplier, and in accordance with federal and state laws and regulations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
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, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other	01910		

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01910	Continued From page 10 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 in the resident's record the disposition of the medication including the prescription numbers as applicable, for one of one discharged resident (R4). 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: R4's Service Addendum to the Assisted Living Contract dated January 3, 2025, indicated R4 received assistance with medication administration. R4's discharge summary dated March 25, 2025, indicated R4 discharged on March 25, 2025, to another facility and medications were sent with R4's family. R4's Medication Sent Release Form (identified as the form used for the disposition of medications) dated March 25, 2025, identified the medication name/strength, amount remaining, a signature line for tenant or responsible party, signature line for staff person giving the medications, and date. The document did not include the prescription numbers for the prescriptions as applicable.	01910		

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01910	Continued From page 11 - The following medications were listed without a prescription number: levothyroxine (thyroid hormone), digoxin (antiarrhythmic), Eliquis (blood thinner), ethacrynic acid (diuretic), aripiprazole (antipsychotic), donepezil (for memory loss), metoprolol succinate (lowers blood pressure), and trazodone (antidepressant). On July 22, 2025, at 11:25 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated R4's disposition of medications lacked prescription numbers and further indicated an old form was utilized by the nurse. The licensee's 7.23 Medication Disposal policy dated August 1, 2021, noted upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, 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. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Temperance Lake Ridge
410 Fox Lake Avenue
Sherburn, MN 56171
Martin County
Parcel:

Phone:

License Info

License: HFID 30233

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1034251081
Inspection Type: Full - Single
Date: 7/24/2025 Time: 10:46:25 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery: Emailed

New Order: 4-200 Equipment Design and Construction
4-201.11GMN *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.
COMMENT: Discontinue keeping TCS food, such as juice and milk, in the residential refrigerator in the satellite kitchen for more than same-day service.
Comply By: 7/24/2025 Originally Issued On: 7/24/2025

! **New Order: 4-500 Equipment Maintenance and Operation**
4-501.114C3 *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.
COMMENT: Quat sanitizing spray bottle measured 150 ppm. Concentration should be 200-400 ppm. PIC stated that sanitizing spray would be remade that day.
Comply By: 7/24/2025 Originally Issued On: 7/24/2025

New Order: 4-900 Protecting Clean Items
4-903.11A *Priority Level: Priority 3 CFP#: 44*
MN Rule 4626.0955A Store all clean equipment, utensils, linens, single-service and single-use articles in a clean dry location where not exposed to splash, dust, or other contamination and at least six inches above the floor.
COMMENT: Elevate the single-service items, including cups and napkins, off of the floor in the dry storage area.
Comply By: 7/28/2025 Originally Issued On: 7/24/2025

Food & Beverage General Comment

Inspection conducted in conjunction with HRD.

Discussed employee illness policy.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Mankato District Office inspection report number F1034251081 from 7/24/2025

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Dietary Manager

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