Electronically Delivered

October 3, 2025

Licensee
Copperfield Hill The Lodge
4020 Lakeland Avenue North
Robbinsdale, MN 55422

RE: Project Number SL29966016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a Survey on August 20, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the Survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this Survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00** You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

kfd

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29966	A. BUILDING: _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPERFIELD HILL THE LODGE	4020 LAKELAND AVENUE NORTH ROBBINSDALE, MN 55422

(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: SL29966016-0 On August 18, 2025, through August 20, 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 98 residents; 98 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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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,	0 480		

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are 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 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 19, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee on August	0 480		

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0 480	Continued From page 3 20, 2025. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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 the potential to affect a large portion or all of the residents). The findings include: During facility tour on August 19, 2025, from 12:38 p.m. through 2:22 p.m., with maintenance (M)-E the surveyor observed the following: LOCKED EXITS The second-floor memory care had locked doors that required a code to unlock leading into both	0 775		

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0 775	Continued From page 4 stairways. M-E stated that the doors would unlock upon activation of the fire alarms but stated there was not a switch to deactivate the locks. The doors had exit signs above them and were shown as an emergency exit on the posted evacuation maps. State Fire Code in Minnesota Rules, chapter 7511 requires that emergency exits provide a direct and unobstructed access to a public way. Locked exits must unlock with activation of the fire alarm system and be capable of being deactivated at an approved location. FIRE RATED DOORS The lower-level storage room and trash compactor room had labeled fire rated doors. There was evidence that a door closer had been removed from the top of the doors. The doors did not self-close. M-E stated that they did not know when the closer had been removed but agreed that it appeared a closer had been installed at one time. State Fire Code in MN Rules, chapter 7511 requires fire rated doors to be maintained to self-close and latch as designed. SMOKE ALARMS Resident room 352 had battery operated smoke alarms installed that were capable of being interconnected with wireless technology. On the ceiling next to the light was a blank round cover. When asked about the cover, M-E stated that is where the existing hard-wired alarm had been located, and the cover was installed to conceal the wire harness. M-E stated the existing	0 775		

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0 775	Continued From page 5 hard-wired alarms were removed when the new wireless alarms were installed. M-E stated that all resident rooms would be the same. State Fire Code in Minnesota Rules, chapter 7511 requires that replacement smoke alarm power supply be the same as the smoke alarms being replaced. CARBON MONOXIDE ALARMS Single station carbon monoxide alarm was observed in the fourth-floor laundry room. M-E stated that carbon monoxide alarms were not provided in the resident rooms and that all laundry rooms and the boiler room had the same type of carbon monoxide alarm. M-E stated that the carbon monoxide alarms did not annunciate to a constantly attended location or supervising station. State Fire Code in Minnesota Rules, chapter 7511 requires either, rooms that contain a fuel burning appliance be equipped with a carbon monoxide detection system, or carbon monoxide alarms be located within ten feet of every sleeping room. M-E verified the above findings while accompanying on the tour and stated they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted	01620		

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01620	Continued From page 6 living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan 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. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) 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	01620		

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01620	Continued From page 7 cannot exceed 90 calendar days from the date of the last review. (f) 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. 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 a comprehensive assessment 14 days after admission one of two residents (R2). 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: R2 was admitted to the licensee on March 27, 2023. R2's Service Plan dated October 8, 2024, indicated R2 received service for medication management, blood glucose monitoring, toileting and transfer assist. R2's record included an Admission Assessment	01620		

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01620	Continued From page 8 dated March 27, 2023, and a Clinical Update Assessment identified as a 14 day assessment dated May 2, 2023; the 14 day assessment was completed 37 days after the admission assessment, thus exceeding 14 calendar days. On August 18, 2025, at 9:40 a.m. during the entrance conference, assistant clinical nurse supervisor (ACNS)-A stated they conduct a comprehensive assessment 14 days after a resident's admission. On August 18, 2025, at 11:49 a.m., the surveyor observed ULP-B check R2's blood glucose level. On August 18, 2025, at 2:10 p.m., ACNS-A stated R2's 14 day assessment was completed late and was missed. ACNS-A stated they completed the 14 day assessment as soon as it was identified as having been missed. The licensee's Initial and On-Going Nursing Assessment of Clients updated March 14, 2024, indicated an assessment was to be completed, "14-day assessment: completed up to 14-days after start of services." No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.	01880		

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01880	Continued From page 9 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to monitor the temperature of their medication storage refrigerator to ensure medications were stored according to manufacturer directions for one of one resident (R2) with refrigerated medications. 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 the potential to affect a large portion or all of the residents). The findings include: R2's Service Plan indicated dated October 8, 2024, R2 received services for insulin assistance and blood glucose monitoring R2's Medication Administration Record (MAR) for August 2025, indicated R2 was administered Lantus Solostar insulin pen 100 units (U)/milliliter (ml), inject 20 units (U) subcutaneously (SQ) once daily from August 1-18, 2025. The Chore Recap by Specific Chore - Check Temperature form indicated the medication refrigerator temperature was 38 degrees Fahrenheit (F) on August 18, 2025, at 6:50 a.m. It indicated, "Check the temperature on the medication fridge and document temperature value on this chore. Notify the nurse if the	01880		

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01880	Continued From page 10 temperature is not within the correct limits.(36-46 Degrees Fahrenheit ARE THE CORRECT LIMTS (sic)). On August 18, 2025, at 10:17 a.m., the surveyor observed the facility's medication refrigerator in the nursing office with assistant clinical nurse supervisor (ACNS)-A. The surveyor observed the thermometer which indicated the temperature of the refrigerator was 72 degrees F, or room temperature. The surveyor observed there was no light on in the refrigerator condensation on the refrigerator walls, pooling water on the top shelf with two insulin pens in the pooling water in a plastic bag. ACNS-A stated it didn't seem like the refrigerator was on, but they observed it yesterday and it was working. The surveyor observed ACNS-A unplug then plug the refrigerator back in. The light turned on but the refrigerator cooling system did not. CNS-A stated they had another temperature log somewhere and would provide it. The surveyor observed the contents of the medication refrigerator, which included the following medications: -R2; two Lantus Solostar insulin pen 100 U/ml. On August 18, 2025, at 1:35 p.m., ACNS-A stated maintenance looked at the medication refrigerator and could not fix it, so they were buying a new refrigerator today (August 18, 2025). Manufacturer instructions for Lantus, last revised in 2022, indicated store unused Lantus in a refrigerator between 36-46 degrees Fahrenheit (F); discard if Lantus has been frozen. The licensee's Storage of Medication policy	01880		

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01880	Continued From page 11 dated May 2, 2022, indicated, "The RN will identify where the medications managed by Agency will be stored in the client's (resident) chart, understanding that our agency may not be able to control where and how a client (resident) stores his/her medications that are not managed by Agency. The RN will provide education to the resident/resident's representative on proper storage of medications in the home including the need to be refrigerated, or stored in a cool, dry area, and according to manufacturer's recommendations. This may include a combination of the resident's room and the nursing office." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
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 labeled with an opened-on date for one of one resident (R2) with insulin; In addition, one of two of R2's insulin pens were unlabeled.	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29966	A. BUILDING: _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPERFIELD HILL THE LODGE	4020 LAKELAND AVENUE NORTH ROBBINSDALE, MN 55422

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01890	Continued From page 12 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: R2 was admitted to the licensee on March 27, 2023. R2's Service Plan dated October 8, 2024, indicated R2 received services for insulin assistance and blood glucose monitoring R2's Medication Administration Record (MAR) for August 2025, instructed to give Novolin R FlexPen 100 units (U) using the sliding scale as follows: If blood glucose (BG) is: 0-150: NO INSULIN 151-200: Give 2 units 201-250: Give 4 units 251-300: Give 6 units 301-350: Give 8 units 351-400: Give 10 units 401-450: Give 12 units 451-500: Give 14 units Above 500 Give 16 Units and CONTACT NURSE to update PCP (primary care provider) via bridge ONLY USE SLIDING SCALE AT MEAL TIMES STAFF- YOU MUST DOCUMENT THE NUMBER OF UNITS GIVEN	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29966	A. BUILDING: _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPERFIELD HILL THE LODGE	4020 LAKELAND AVENUE NORTH ROBBINSDALE, MN 55422

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01890	Continued From page 13 FOR THE SLIDING SCALE On August 18, 2025, at 11:49 a.m., the surveyor observed unlicensed personnel (ULP)-B check R2's blood glucose (BG) but did not require insulin. On August 18, 2025, at 10:11 a.m., the surveyor observed the memory care (MC) unit medication cart with assistant clinical nurse supervisor (ACNS)-A, and noted the following: R2's Lantus was labeled with an opened-on date but the Novolin lacked an opened-on date. The Novolin pen had a sticker on it for labeling which indicated, "Date Opened_____ Discard after 28 days." ACNS-A stated staff were trained to label an insulin pen with an opened-on date if they opened a new one. The manufacturer instructions for the Novolin FlexPen revised November 2022, indicated opened and unopened insulin pens could be stored at room temperature for 28 days. The licensee's Storage of Medications policy dated May 2, 2022, indicated, "Until the medication is set up for immediate or later administration by a nurse (unless the medication arrives in a pre-set-up medication bubble pack from the pharmacy), 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, resident's name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medications."	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29966	A. BUILDING: _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPERFIELD HILL THE LODGE	4020 LAKELAND AVENUE NORTH ROBBINSDALE, MN 55422

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01890	Continued From page 14 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to document treatment administration for one of one resident (R2) with treatments. 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:	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29966	A. BUILDING: _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPERFIELD HILL THE LODGE	4020 LAKELAND AVENUE NORTH ROBBINSDALE, MN 55422

(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
01960	Continued From page 15 R2 was admitted to the licensee on March 27, 2023. R2's Service Plan dated October 8, 2024, indicated R2 received service for insulin administration and blood glucose monitoring R2's Medication Administration Record (MAR) for August 2025, indicated R2's BG was to be completed at 12:05 p.m. when administering insulin and contained no instructions to check R2's BG after meals. On August 18, 2025, at 11:49 a.m., unlicensed personnel (ULP)-B stated they would be checking R2's blood glucose (BG) and administering their insulin. R2 stated they had just eaten. ULP-B checked R2's BG using a glucose monitoring patch sensor on the back side of R2's right arm with a result of 143. The surveyor inquired about the BG check timing. ULP-B stated lunch usually came up around 11:00 or 11:30 a.m. and R2's medication administration record does not say to check it until 12:00 p.m. ULP-B stated there must have been some reason why they wrote the order the way they did and they were just following the order; they stated they were trained to follow the orders as they were written. On August 18, 2025, 1:35 p.m., assistant clinical nurse supervisor (ACNS)-A stated staff were trained to check BG prior to meals and would provide documentation of their training from their skills fair. ACNS-A stated there were no reasons to check BG levels for R2 after they ate; BG should be done 15 minutes before the meal. ACNS-A stated they would retrain ULP-B	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29966	A. BUILDING: _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPERFIELD HILL THE LODGE	4020 LAKELAND AVENUE NORTH ROBBINSDALE, MN 55422

(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
01960	Continued From page 16 immediately. The licensee's [license name] Skills Fair Competency Tests dated April 23, 2025, indicated, "Unless client's service instructions specify otherwise, all blood glucose checks should occur BEFORE meals." No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	01960		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

COPPERFIELD HILL THE LODGE
4020 LAKELAND AVENUE NORTH
Robbinsdale, MN 55422
Hennepin County
Parcel:

Phone:

License Info

License: HFID 29966

Risk:
License:
Expires on:
CFPM: Thomas A. Randle
CFPM #: 29298; Exp: 01/08/2028

Inspection Info

Report Number: F1021251102
Inspection Type: Full - Single
Date: 8/19/2025 Time: 11:35:09 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 2
Total Priority 3 Orders: 2
Delivery: Emailed

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: NO TEST KIT TO MEASURE THE CONCENTRATION OF QUATERNARY AMMONIUM (QUAT) IN THE SATELLITE KITCHEN DISPENSER OR THE CHLORINE CONCENTRATION IN THE DISHWASHING MACHINE. STAFF PROVIDED TEST KITS DURING INSPECTION. CORRECTED ON-SITE.
Comply By: 8/26/2025 Originally Issued On: 8/19/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: BOTTOM SHELF OF THE CHEST FREEZER HAS SPILLED ICE CREAM AND DRIED FOOD DEBRIS. CLEAN AND MAINTAIN CLEAN.
Comply By: 8/21/2025 Originally Issued On: 8/19/2025

New Order: 5-200C Plumbing: Maintenance, fixture location
5-205.11AB *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.
COMMENT: A BUTTER KNIFE AND A TOWEL WERE FOUND ON THE MEMORY CARE HANDWASHING SINK. STAFF REMOVED ITEMS DURING INSPECTION. DISCUSSED THAT THE HANDWASHING SINK NEEDS TO BE ACCESSIBLE DURING ALL HOURS OF OPERATION. CORRECTED ON-SITE.
Comply By: 8/19/2025 Originally Issued On: 8/19/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.14A *Priority Level: Priority 3 CFP#: 10*
MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: HANDWASHING SINK IN THE MEMORY CARE SATELLITE KITCHEN IS MISSING A HANDWASHING SIGN/POSTER THAT REMINDS FOOD EMPLOYEES TO WASH HANDS BEFORE RETURNING TO WORK. PROVIDE AS DESCRIBED IN RULE ABOVE.

Comply By: 8/21/2025 Originally Issued On: 8/19/2025

Food & Beverage General Comment

All findings on this report were discussed with Director of Culinary Services, Thomas Randle and Health Regulation Division Nurse Evaluator, Joey Keen.

All hot food is prepared in the main kitchen, which is located in a separate building and delivered to the two satellite kitchens at this site. The main kitchen operates under a different address and license and it is inspected separately.

Hot food is for same day service. Any leftover food is discarded at the end of service.

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 Metro District Office inspection report number F1021251102 from 8/19/2025

Melissa Ramos

Thomas Randle
Director of Culinary Services

Melissa Ramos,
Public Health Sanitarian 3
651-201-4495
melissa.ramos@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

COPPERFIELD HILL THE LODGE
Robbinsdale
County/Group: Hennepin County

Inspection Info

Report Number: F1021251102
Inspection Type: Full
Date: 8/19/2025
Time: 11:35:09 AM

Food Temperature: Product/Item/Unit: Corn **; Temperature Process:** Hot-Holding
Location: Hot Wells, Satellite Kitchen at 177 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cabbage Casserole **; Temperature Process:** Hot-Holding
Location: Hot Wells, Satellite Kitchen at 193 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk **; Temperature Process:** Cold-Holding
Location: Frigidaire Upright Cooler, Satellite Kitchen at 40 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Frigidaire Upright Cooler**; Temperature Process:** Ambient Air
Location: Satellite Kitchen at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Corn **; Temperature Process:** Hot-Holding
Location: Hot Wells, Memory Care Satellite Kitchen at 153 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cabbage Casserole **; Temperature Process:** Hot-Holding
Location: Hot Wells, Memory Care Satellite Kitchen at 184 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: GE Refrigerator**; Temperature Process:** Ambient Air
Location: Memory Care Satellite Kitchen at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk **; Temperature Process:** Cold-Holding
Location: GE Refrigerator, Memory Care Satellite Kitchen at 41 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

COPPERFIELD HILL THE LODGE
Robbinsdale
County/Group: Hennepin County

Inspection Info

Report Number: F1021251102
Inspection Type: Full
Date: 8/19/2025
Time: 11:35:09 AM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: Satellite Kitchen **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Dish Machine
Location: Satellite Kitchen **Equal To** 100 PPM
Comment:
Violation Issued?: No