



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 12, 2025

Licensee
English Rose Suites
6400 Timber Ridge
Edina, MN 55439

RE: Project Number(s) SL33249016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 24, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted no 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.

The enclosed State Form documents no violations. MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

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.

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,

A handwritten signature in black ink, appearing to read 'Jess Schoenecker'.

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

CLN



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

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Establishment Info

English Rose Suites
6400 TIMBER RIDGE
Edina, MN 55439
Hennepin County
Parcel:

Phone:

License Info

License: HFID 33249

Risk:
License:
Expires on:
CFPM: Kathryn Krieter
CFPM #: 118643; Exp: 07/16/2026

Inspection Info

Report Number: F1013251100
Inspection Type: Full - Single
Date: 10/20/2025 Time: 01:50pm
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

The inspection was completed with the operator. The report was provided to the facility and MDH Nurse Evaluator E. Jones.

The establishment has a residential kitchen and serves food prepared that day. The kitchen has wood cabinets, wood floor, painted walls, solid counter top, and a smooth painted ceiling.

A three basin sink is located in the kitchen. One basin is designated for hand washing.

Residential dish machine is available to wash ware. The dish machine should be run on the sanitize/high temperature cycle.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, food storage, and food handling procedures.

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 F1013251100 from 10/20/2025

Jerry Malloy

Katy Krieter
Operator

Jerry Malloy,
Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@state.mn.us



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

Temperature Observations/Recordings

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Establishment Info

English Rose Suites
Edina
County/Group: Hennepin County

Inspection Info

Report Number: F1013251100
Inspection Type: Full
Date: 10/20/2025
Time: 01:50pm

Food Temperature: **Product/Item/Unit:** Eggs; **Temperature Process:** Cold-Holding

Location: Refrigerator 1 at 41 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Yogurt; **Temperature Process:** Cold-Holding

Location: Refrigerator 1 at 41 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Packaged meal; **Temperature Process:** Cold-Holding

Location: Freezer at 19 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Deli meat; **Temperature Process:** Cold-Holding

Location: Refrigerator 2 at 38 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

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Establishment Info

Inspection Info

English Rose Suites
Edina
County/Group: Hennepin County

Report Number: F1013251100
Inspection Type: Full
Date: 10/20/2025
Time: 01:50pm

Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Spray Bottle

Location: Kitchen **Equal To** 100 PPM

Comment:

Violation Issued?: No

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Kitchen **Equal To** 160 Degrees F.

Comment:

Violation Issued?: No