DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
June 4, 2026

Licensee
Trillium Woods Memory Care
5865 Cheshire Parkway
Plymouth, MN 55446

RE: Project Number(s) SL40983015

Dear Licensee:

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 survey on May 20, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted no violations of the laws pursuant to Minnesota Statute, Chapter 144G.

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

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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40983	A. BUILDING: _____ B. WING _____	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRILLIUM WOODS MEMORY CARE	5865 CHESHIRE PARKWAY PLYMOUTH, MN 55446

(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: SL40983015-0 On May 18, 2026, through May 20, 2026, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 14 residents; 14 receiving services under the Provisional Assisted Living Facility with Dementia Care license. As a result of the survey, the licensee was found to be in substantial compliance with Assisted Living statutes 144G.08 through 144G.95.	0 000		

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

Trillium Woods Memory Care
5865 Cheshire Parkway
Plymouth, MN 55446
Hennepin County
Parcel:

Phone:

License Info

License: HFID 40983

Risk:
License:
Expires on:
CFPM: ANDREW HALL
CFPM #: 61352; Exp: 8/17/2028

Inspection Info

Report Number: F8058261138
Inspection Type: Full - Single
Date: 5/18/2026 Time: 1:15:53 PM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

HRD INSPECTOR JOEY KEEN

MIXED USE KITCHEN SERVING, ASSISTED LIVING, MEMORY CARE AND INDEPENDENT LIVING

200 PPM QUAT. 3 COMP DISPENSER - SERVING KITCHEN
167 DISH MACHINE - SERVING KITCHEN
41 LETTUCE WALKIN
41 EGGS COLD HOLDING
152 TOMATO SOUP HOT WELL
41 STRAWBERRY COOLER
41 MEAT LOAF WALK IN
37 VEG MIX COOLER
40 FISH COOLER
40 TOMATO COOLER
35 SALMON COOLER DRAWER
148 SQUASH SOUP HOT HOLDING
41 ONION PREP
40 TOMATO PREP

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 F8058261138 from 5/18/2026

ANDREW HALL
PIC

Aaron Gertz,
Public Health Sanitarian 3
651-201-4516

aaron.gertz@state.mn.us