



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 12, 2025

Licensee
Cedar Creek Senior Living
19131 Taylor Street
East Bethel, MN 55011

RE: Project Number(s) SL36636016

Dear Licensee:

On July 28, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on May 7, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kelly Thorson'.

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

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Protecting, Maintaining and Improving the Health of All Minnesotans

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June 30, 2025

Licensee
Cedar Creek Senior Living
19131 Taylor Street
East Bethel, MN 55011

RE: Project Number(s) SL36636016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 7, 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.

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 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, 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:

1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$**. 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

Cedar Creek Senior Living

June 30, 2025

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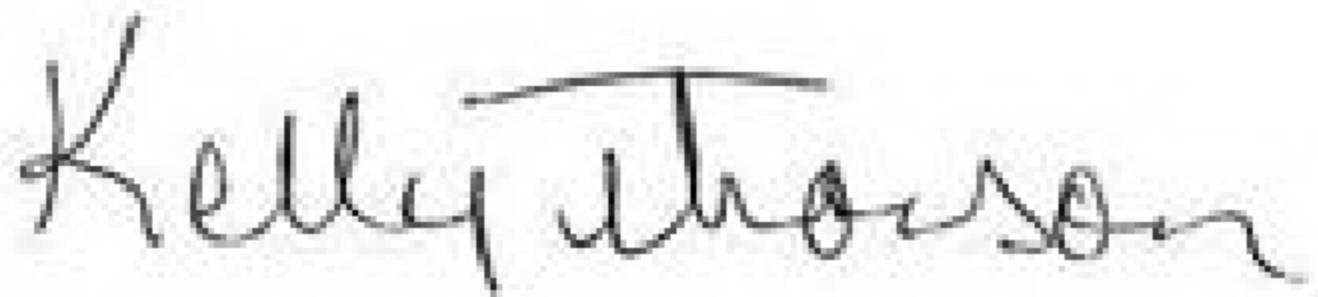
the website listed above.

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,

A handwritten signature in cursive script that reads "Kelly Thorson".

Kelly Thorson, Supervisor

State Evaluation Team

Email: kelly.thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36636	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2025
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 19131 TAYLOR STREET EAST BETHEL, MN 55011
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(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
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0 000	<p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL36636016</p> <p>On May 5, 2025, through May 7, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 69 residents; 68 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. 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 surveyors' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 480 SS=F	<p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</p> <p>(a) Except as provided in paragraph (b), food</p>	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 6, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		

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0 650 SS=D	<p>144G.42 Subd. 8 (a) Staff records</p> <p>(a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained the required content for one of two employees (unlicensed personnel (ULP)-G).</p> <p>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</p>	0 650		
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0 650	<p>Continued From page 4</p> <p>limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-G began employment on April 24, 2023.</p> <p>ULP-G's employee record lacked the following: - documentation of a current annual performance review that identified areas of improvement needed and training needs.</p> <p>On May 7, 2025, at 1:00 p.m., licensed assisted living director (LALD)-A stated they could not find an annual performance review for ULP-G.</p> <p>The licensee's Performance Reviews policy dated July 1, 2024, indicated the employer's goal is to provide an annual performance review. Performance reviews should provide clear, direct, accurate evaluations of performance.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 650		
0 775 SS=D	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to comply with the</p>	0 775		

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0 775	<p>Continued From page 5</p> <p>requirements of Minnesota State Fire Code Rules, Chapter 7511.</p> <p>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).</p> <p>The findings include:</p> <p>On May 5, 2025, at 11:30 a.m., the surveyor toured the facility with director of environmental services (DES)-C and licensed assisted living director (LALD)-A. During the facility tour, the surveyor observed a controlled egress door locking system was installed. During an interview on May 5, 2025, at approximately 2:00 p.m., the surveyor requested procedures to operate and unlock the controlled egress door locking system from LALD-A. LALD-A stated these procedures would be emailed to the surveyor. On May 5, 2025, LALD-A emailed an incident guideline delayed egress unlocking system document dated February 2025. Record review indicated this document did not include site specific procedures to operate and unlock the controlled egress door locking system.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 775		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment	0 810		

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0 810	<p>Continued From page 6</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to provide required training and drills. This practice resulted in a level two violation (a</p>	0 810		

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0 810	<p>Continued From page 7</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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).</p> <p>The findings include: On May 5, 2025, director of environmental services (DES)-C and licensed assisted living director (LALD)-A provided the fire safety and evacuation plan (FSEP), fire safety and evacuation training records, and evacuation drill logs for the facility.</p> <p>TRAINING Record review indicated the licensee failed to provide fire safety and evacuation training to residents at least once per year, evident by a lack of documentation. During an interview on May 5, 2025, at approximately 2:00 p.m., the surveyor requested records for fire safety and evacuation training completed with residents in the past year from LALD-A. LALD-A stated the training was due now. Records for resident training were not provided.</p> <p>Record review indicated the licensee failed to provide training to employees on the FSEP at least twice per year evident by a review of training records lacking the required frequency. During an interview on May 5, 2025, at approximately 2:00 p.m., the surveyor requested records for employee FSEP training completed in the past year from LALD-A. LALD-A stated this documentation was not available and would be emailed to the surveyor. On May 5, 2025, LALD-A emailed the surveyor an emergency preparedness plan staff signature sheet dated February 15, 2025, signed by eight employees. No additional employee training records were provided to support FSEP training had been</p>	0 810		

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0 810	<p>Continued From page 8</p> <p>completed in the last year.</p> <p>DRILLS</p> <p>Record review indicated the licensee failed to conduct evacuation drills for employees twice per year, per shift, with at least one evacuation drill every other month evident by a review of completed evacuation drill logs lacking the required frequency. Eight fire drills were recorded between April and October 2024. No evacuation drill records were provided from November 2024 to March 2025. During an interview on May 5, 2025, at approximately 2:50 p.m., LALD-A verified there were no additional drill records available and if located, these would be emailed to the surveyor. On May 5, 2025, LALD-A emailed the surveyor elopement drill evaluation forms. No evacuation drill records were provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
01290 SS=I	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p>	01290		

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01290	<p>Continued From page 9</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was submitted and completed for the current health facility identification (HFID) number for one of one employee (unlicensed personnel (ULP-D) on the facility provided employee roster.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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 potential to affect a large portion or all the residents).</p> <p>This resulted in an immediate correction order issued on May 6, 2025.</p> <p>The findings include:</p> <p>On May 5, 2025, at 2:00 p.m., the surveyor reviewed the facility's NETStudy 2.0 roster and compared it to the facility's staff roster and discovered one of the facility's employees was not listed as having a background study submitted with the licensee's HFID 36636.</p> <p>ULP-D was hired on January 1, 2024, to provide direct care and services to the licensee's residents. ULP-D provided direct care services without direct supervision on April 19 and 20, 2025. A background study had not been completed for ULP-D.</p>	01290		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36636	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2025
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 19131 TAYLOR STREET EAST BETHEL, MN 55011
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(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
01290	<p>Continued From page 10</p> <p>On May 6, 2025, at 11:45 a.m., regional director (RD)-E stated there was no good reason the background studies was missed. Corporate sent two emails last month to the previous director to check the roster for any background study issues and it was still not taken care of to be in compliance.</p> <p>On May 6, 2025, at 1:10 p.m., licensed assisted living director (LALD)-A stated there were multiple emails sent out to check the roster, but no one followed up on it. It should have been done. LALD-A further stated ULP-D did not work under direct supervision.</p> <p>The licensee's Employee Experience document dated August 22, 2024, indicated onboarding of staff would include a department of human services background check through NETStudy 2.0</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p>	01290		
01370 SS=D	<p>144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn</p> <p>(a) Training and competency evaluations for all unlicensed personnel must include the following:</p> <ul style="list-style-type: none"> (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal 	01370		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36636	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2025
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 19131 TAYLOR STREET EAST BETHEL, MN 55011
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(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
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01370	<p>Continued From page 11</p> <p>hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure required training was completed for one of two employees (unlicensed personnel (ULP)-G).</p> <p>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</p>	01370		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36636	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2025
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 19131 TAYLOR STREET EAST BETHEL, MN 55011
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01370	<p>Continued From page 12</p> <p>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).</p> <p>The findings include:</p> <p>ULP-G began employment on April 24, 2023, to provide direct care services to residents.</p> <p>ULP-G's employee record lacked documentation of the following required competencies to be completed by ULP: Appropriate and safe techniques in personal hygiene and grooming, including hair care and bathing, care of teeth, gums, and oral prosthetic devices, care and use of hearing aids, dressing and assisting with toileting</p> <p>On May 7, 2025, at 12:30 p.m., clinical nurse supervisor (CNS)-B stated she was sure ULP-G had been competency tested by a previous nurse, but she just did not fill out the form correctly.</p> <p>The licensee's Nursing Services policy dated March 2021, indicated documentation is on file indicating the ULP has completed the training and has written proof of the ULP's competency via a written, oral, or practical skills test to include the above missing competencies.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01370		
01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn	01380		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36636	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2025
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 19131 TAYLOR STREET EAST BETHEL, MN 55011
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01380	<p>Continued From page 13</p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:</p> <ol style="list-style-type: none"> (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure required training was completed for one of two employees (unlicensed personnel (ULP)-G).</p> <p>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).</p> <p>The findings include:</p> <p>ULP-G began employment on April 24, 2023, to provide direct care services to residents.</p>	01380		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36636	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2025
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 19131 TAYLOR STREET EAST BETHEL, MN 55011
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(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
01380	<p>Continued From page 14</p> <p>ULP-G's employee record lacked documentation of the following required competencies to be completed by ULP: -reading and recording temperature, pulse, and respirations of the resident -range of motion and positioning</p> <p>On May 7, 2025, at 12:30 p.m., clinical nurse supervisor (CNS)-B stated she was sure ULP-G had been competency tested by a previous nurse, but she just did not fill out the form correctly.</p> <p>The licensee's Nursing Services policy dated March 2021, indicated documentation is on file indicating the ULP has completed the training and has written proof of the ULP's competency via a written, oral, or practical skills test to include the above missing competencies.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01380		
01770 SS=F	<p>144G.71 Subd. 9 Documentation of medication setup</p> <p>Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R6).</p>	01770		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36636	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2025
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 19131 TAYLOR STREET EAST BETHEL, MN 55011
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01770	<p>Continued From page 15</p> <p>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 potential to affect a large portion or all the residents). The findings include: R6's record lacked medication set-up documentation to include names of medications, quantity of doses, times to be administered, and routes of administration.</p> <p>On May 5, 2025, at 2:05 p.m. clinical nurse supervisor (CNS)-B stated the services document provided along with a progress note is what was used for documentation and was not aware of the requirements.</p> <p>The licensee's Medications and Treatments policy revised March 2021, indicated weekly dosage box set up, a licensed nurse will assure the medication orders are transcribed onto the medication administration record (MAR). This profile includes medication name and strength, visual description of medication, time of administration, route of administration, drug classification and special precautions.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01770		
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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

Page: 1

Establishment Info	License Info	Inspection Info
Cedar Creek Senior Living 19131 Taylor Street Anoka, MN 55303 Anoka County Parcel: Phone:	License: HFID 36636 Risk: License: Expires on: CFPM: CFPM #: ; Exp:	Report Number: F7963251006 Inspection Type: Full - Single Date: 5/6/2025 Time: 3:11:55 PM Duration: minutes Announced Inspection: No <u>Total Priority 1 Orders: 0</u> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 2</u> <u>Delivery: Emailed</u>

New Order: 2-100 Supervision

2-102.12AMN *Priority Level: Priority 3 CFP#: 2*

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

COMMENT: NO CERTIFIED FOOD MANAGER CERTIFICATE ON SITE. INFORMATION ON HOW TO OBTAIN A CERTIFICATE EMAILED WITH REPORT.

Comply By: 5/6/2025 Originally Issued On: 5/6/2025

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers

3-304.14B *Priority Level: Priority 3 CFP#: 41*

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

COMMENT: WET WIPING CLOTHS STORED IN SOAPY WATER. ONLY STORE WET CLOTHS IN AN APPROVED SANITIZER SOLUTION.

Comply By: 5/6/2025 Originally Issued On: 5/6/2025

Food & Beverage General Comment

MET WITH ESTABLISHMENT REPRESENTATIVE CARLOS CIUDAD AND MDH NURSE SURVEYOR WENDY ROBARGE. DISCUSSED THE FOLLOWING-

- EMPLOYEE ILLNESS POLICY AND LOG
- REPORTABLE DISEASES
- STORAGE OF SANITIZER CLOTHS
- CERTIFIED FOOD MANAGER CERTIFICATE REQUIREMENTS

THIS IS A COMMERCIAL KITCHEN AND IS SELF-OPERATED. THERE IS A SECOND SERVING KITCHEN AND DINING ROOM LOCATED IN THE MEMORY CARE WING.

INFORMATION REGARDING HOW TO OBTAIN A CERTIFIED FOOD MANAGER CERTIFICATE EMAILED WITH REPORT. Invalid Value

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 F7963251006 from 5/6/2025

Carlos Ciudad
PIC

Peggy Spadafore,
Public Health Sanitarian Supervisor
651-201-3979
peggy.spadafore@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info

Cedar Creek Senior Living
Anoka
County/Group: Anoka County

Inspection Info

Report Number: F7963251006
Inspection Type: Full
Date: 5/6/2025
Time: 3:11:55 PM

Food Temperature: Product/Item/Unit: SW CHIC SOUP; **Temperature Process:**

Location: Hot Line at 198 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: CKD EGG; **Temperature Process:**

Location: Prep Rail at 37 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: CUT TOMATO; **Temperature Process:**

Location: Prep Rail at 38 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: CUT MELON; **Temperature Process:**

Location: Walk-in Cooler at 36 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; **Temperature Process:**

Location: Walk-in Cooler at 36 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; **Temperature Process:**

Location: MEMORY CARE at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; **Temperature Process:**

Location: BEVERAGE AREA at 36 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

Page: 1

Establishment Info

Cedar Creek Senior Living
Anoka
County/Group: Anoka County

Inspection Info

Report Number: F7963251006
Inspection Type: Full
Date: 5/6/2025
Time: 3:11:55 PM

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

Location: Cook Line **Equal To** 150 PPM

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:** Dispenser

Location: Equal To 400 PPM

Comment:

Violation Issued?: No

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

Location: Dishwashing Area **Equal To** 168 Degrees F.

Comment:

Violation Issued?: No

Food Establishment Inspection Report

Metro District Office Minnesota Department of Health 625 Robert St N, PO BOX 64975 St Paul, MN 55164	No. of Risk Factor/Intervention/Violations	1	Date: 5/6/2025
	No. of Repeat Risk Factor/Intervention/Violations		Time: 3:11:55 PM
	Score (optional)		Dur: min
Establishment: Cedar Creek Senior Living	Address: 19131 Taylor Street	City/State: Anoka, MN	Zip: 55303
License/Permit #: HFID 36636	Permit Holder:	Purpose of Inspection: Full	Est. Type: Risk Category:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item				Mark "X" in appropriate box for COS and/or R					
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable				COS=corrected on-site during inspection R=repeat violation					
Compliance Status			COS	R	Compliance Status			COS	R
Supervision				Time/Temperature Control for Safety					
1	IN	Person in charge present, demonstrate knowledge and performs duties			18	N/O	Proper cooking time & temperatures		
2	OUT	Certified Food Protection Manager			19	N/O	Proper reheating procedures for hot holding		
Employee Health				Consumer Advisory					
3	IN	knowledge, responsibilities, and reporting			20	N/O	Proper cooling time and temperature		
4	IN	Proper use of restriction and exclusion			21	IN	Proper hot holding temperatures		
5	IN	Response to vomiting, diarrheal events			22	IN	Proper cold holding temperatures		
Good Hygienic Practices				Highly Susceptible Populations					
6	IN	Proper eating, tasting, drinking, tobacco use			23	IN	Proper date marking & disposition		
7	IN	No discharge from eyes, nose, and mouth			24	N/A	Time as public health control; procedures & record		
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances					
8	IN	Hands clean and properly washed			25	N/A	Consumer advisory provided for raw or undercooked foods		
9	IN	No bare hand contact with RTE foods, alternatives			Conformance with Approved Procedures				
10	IN	Adequate handwashing sinks supplied and access			26	IN	Pasteurized foods used; prohibited foods not offered		
Approved Source				27	N/A	Food additives; approved & properly used			
11	IN	Food obtained from approved source			28	N/A	Toxic substances properly identified; stored; used		
12	N/O	Food Received at proper temperature			29	N/A	Compliance with variance, specialized processes & HACCP plan		
13	IN	Food in good condition, safe & unadulterated			Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury				
14	N/A	Records available: shellstock tags, parasite dest.							
Protection From Contamination									
15	IN	Food separated and protected							
16	IN	Food-contact surfaces; cleaned & sanitized							

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

			COS	R				COS	R
Safe Food and Water				Proper Use of Utensils					
30	N/A	Pasteurized eggs used where required			43		In-use utensils; Properly stored		
31		Water & ice from approved source			44		Utensils, equipment & linens; properly stored, dried, handled		
32	N/A	Variance obtained for specialized processing methods			45		Single-use & single-service articles, properly stored and used		
Food Temperature Control				Utensils, Equipment and Vending					
33		Proper cooling methods used; adequate equipment for temperature control			46		Gloves used properly		
34	N/O	Plant food properly cooked for hot holding			47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
35	IN	Approved thawing methods used			48		Warewashing facilities: installed, maintained, used; test strips		
36		Thermometers provided & accurate			49		Non-food contact surfaces clean		
Food Identification				Physical Facilities					
37		Food properly labeled; original container			50		Hot & cold water available; adequate pressure		
Prevention of Food Contamination				51		Plumbing installed; proper backflow devices			
38		Insects, rodents, & animals not present; no unauthorized person			52		Sewage & waste water properly disposed		
39		Contamination prevented during food prep, storage, & display			53		Toilet facilities; properly constructed, supplied & cleaned		
40		Personal cleanliness			54		Garbage & refuse properly disposed; facilities maintained		
41	X	Wiping cloths: properly used & stored			55		Physical facilities installed, maintained & clean		
42		Washing fruits & vegetables			56		Adequate ventilation & lighting; designated areas used		
Person in Charge (signature)				57		Compliance with MCIAA			
Inspector (signature)				58		Compliance with licensing and plan review			

Inspector (signature)

Follow-up:

Follow-up Date: