Electronically Delivered

November 7, 2025

Licensee
Lexington Pointe Senior Living
3385 Discovery Road
Eagan, MN 55121

RE: Project Number(s) SL36651016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 29, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

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

If you have any questions, please contact me.

Sincerely,

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

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36651	A. BUILDING: _____ B. WING _____	10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON POINTE SENIOR LIVING	3385 DISCOVERY ROAD EAGAN, MN 55121

(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: SL36651016-0 On October 27, 2025, through October 29, 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 184 residents; 66 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.	
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to	01640		

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01640	Continued From page 1 (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised and signed by the resident or resident representative to reflect the current services provided for two of four residents (R2, R5). 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	01640		

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01640	Continued From page 2 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 R2 started services on May 2, 2023, with diagnoses including heart failure, interstitial lung disease, and type 2 diabetes. On October 28, 2025, at 7:30 a.m., the surveyor observed unlicensed personnel (ULP)-H set up and administer 11 oral medications, check R2's blood sugar, and administer R2's insulin injection. R2's Individualized Services Agreement dated February 15, 2024, indicated R2 received the services of blood sugar checks, insulin administration, and daily weights. R2's Individualized Services Agreement also indicated, "medication set up-weekly in pill planner. She does self-administer them herself." R2's Individual Services Agreement lacked the service of medication administration by the licensee. R2's medication administration record (MAR) dated October 2025, included two insulin injections, two oral medications for pain, one for arthritis, one for hypertension, one for heart rate control, one for blood thinning, one for cholesterol, one inhaler for lung disease, one for depression/pain, one for diarrhea, one for constipation, one steroid, one antibiotic, one supplement, one nasal spray, one oral mouth spray for dry mouth, and one eye drop for dry eyes.	01640		

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01640	Continued From page 3 On October 29, 2025, at 3:00 p.m., regional clinical director (RCD)-D provided the surveyor with an unsigned copy of R2's Individualized Services Amendment as printed on October 29, 2025. The copy included a handwritten date of August 30, 2024, at the top of the document. RCD-D stated R2's Individualized Services Amendment from what could be determined, R2 started receiving medication administration by staff in August 2024, and had been updated to include the service of medication administration; however, the licensee failed to ensure R2's Individualized Services Amendment was signed by the resident/resident representative and a facility representative. R5 R5 began services on April 18, 2024, with diagnoses including stroke, heart failure, type 2 diabetes and urine retention with presence of a urinary catheter. On October 28, 2025, at 8:10 a.m., the surveyor observed R5 in her bed receiving cares by two hospice staff. R5 was being placed on a Hoyer lift (a mechanical lift) sling in preparation for transfer with the Hoyer lift to the shower chair. ULP-G first checked R5's blood sugar and administered three oral medications. ULP-G stated R5 received services by hospice staff in addition to the facility staff and was always transferred by Hoyer lift by two staff. R5's Individualized Services Agreement dated May 22, 2025, indicated R5 received services including assistance with showers, blood sugar checks, urinary catheter management,	01640		

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01640	Continued From page 4 medication administration, assistance with toileting, and dressing. R5's Individual Services Agreement indicated staff were to pivot transfer with the assistance of one staff and assist R5 with standing at her walker to off-load pressure from her bottom. R5's Individualized Service Agreement lacked any indication R5 received services by a hospice provider and lacked an indication staff assisted R5 with transfers to bed and her Broda chair (specialized wheelchair) with use of a Hoyer lift and two staff. On October 29, 2025, at 3:05 p.m., RCD-D provided the surveyor R5's Individualized Services Amendment as printed on October 29, 2025, and stated R5's Individualized Services Amendment had previously been updated to include hospice services and Hoyer transfers with assistance of two staff; however the date of that Individualized Services Amendment update was unclear and licensee failed to ensure it was then signed by the resident/resident representative and a facility representative. The licensee's Service Agreement policy dated August 1, 2021, indicated the Service Plan and any revisions will include a signature or authentication by [licensee name], the resident and/or resident representative, documenting agreement on the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		

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01750	Continued From page 5	01750		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to specify in writing, specific instructions for as needed (PRN) medications and documented those instructions for one of four residents (R5) for medication administration delegated to unlicensed personnel. 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: R5's diagnoses included stroke, heart failure,	01750		

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01750	Continued From page 6 type 2 diabetes, and urinary retention with presence of a urinary catheter. R5's Individualized Services Agreement dated May 22, 2025, indicated R5 received services including medication administration. On October 28, 2025, at 8:10 a.m., the surveyor observed unlicensed personnel (ULP)-G administer three oral medications to R5. R5's signed provider's orders dated August 13, 2025, September 2, 2025, September 8, 2025, and October 9, 2025, indicated R5 received routine medications including one for mild pain, one for constipation, One for agitation, one for heart failure/water retention, one for cholesterol. Orders also included as needed (PRN) medications including one for mild pain, one for significant pain/shortness of breath, one for constipation, one rectal medication for constipation, one insulin and two oral medications for agitation/anxiety. R5's medication administration record (MAR) dated October 2025, included: -quetiapine 25 milligrams (mg), one tablet orally every six hours as needed for agitation and anxiety (maximum dose of 300 mg/day combining scheduled and PRN doses); and -lorazepam 0.5 mg solutab, one tablet orally/under the tongue every hour for agitation and anxiety. R5's MAR dated October 2025, also indicated R5 had received both PRN medications several times throughout the month. The licensee failed to provide instruction for the	01750		

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01750	Continued From page 7 ULP to understand which PRN medication for agitation should be used first and second. On October 29, 2025, at 1:40 p.m., regional assistant director of clinical services (RADCS)-E stated there needed to be written instructions by the nurse for the ULP to follow when more than one PRN medication was prescribed for residents. She further stated the licensee recently moved to a new electronic medication administration record (EMAR) system and still needed to figure out how to manipulate the system to allow nurse edits as the pharmacy currently added the medications and instructions to the EMAR. The licensee's Medication and Treatment-Administration and Delegation policy dated August 1, 2021, indicated When administration of medications or treatment/therapy is delegated or assigned to unlicensed personnel, [licensee name] will ensure that the registered nurse has specified, in writing, specific instructions for each resident and documented those instructions in the resident's records. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written	01940		

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01940	Continued From page 8 statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to include on the service plan a written statement of the treatment or therapy services provided for one of five residents (R8) receiving 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	01940		

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01940	Continued From page 9 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: During the entrance conference on October 27, 2025, at 11:30 a.m., licensed assisted living director (LALD)-A confirmed the licensee provided treatment and therapy services to residents as prescribed R8 was admitted on September 3, 2020, with diagnoses including mild cognitive impairment, rheumatoid arthritis, acute respiratory failure with supplemental oxygen, and anxiety disorder. On October 29, 2025, at 3:00 p.m., the surveyors observed R8 resting in her bed in her room located in the secured memory care unit of the facility. The surveyors observed three 41-liter liquid oxygen containers placed along the wall to the right of R8's bedside. At the time of observation, R8 was not utilizing her oxygen. Unlicensed personnel (ULP)-L stated R8 had been using the oxygen on a continuous basis for about a week and just recently had an order change to use the oxygen on an as needed (PRN) basis. R8's Individualized Service Amendment dated September 11, 2025, indicated she received assistance with dressing, toileting, bathing, medication management, feeding, toileting, and assistance with Tubi grips (compression garment). R8's Individualized Service Amendment lacked the service of supplemental	01940		

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01940	Continued From page 10 oxygen. R8's signed prescriber orders dated October 24, 2025, indicated discontinue current continuous oxygen order which was started on October 20, 2025. An additional order dated October 24, 2025, indicated as needed (PRN) oxygen two liters/minute (LPM) for comfort. R8's Service Checkoff list dated October 2025, in "orientation to cares" documentation indicated oxygen at continuous flow of 4 liters/minute starting on October 20, 2025, and changed to 2 liters/minute PRN on October 27, 2025. The licensee failed to include R8's treatment of supplemental oxygen on her Individualized Service Agreement as required. On October 29, 2025, at 4:15 p.m., regional assistant director of clinical services (RADCS)-E stated R8's Individualized Service Agreement had not been updated and signed to include her treatment of supplemental oxygen. The licensee's Treatment and Therapy Management policy dated August 1, 2021, indicated for each resident at [licensee name] receiving management of ordered or prescribed treatments or therapy services, the facility will prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01940		

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02310	Continued From page 11	02310		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for storage and refilling of liquid oxygen. This had the potential to affect all 184 residents, staff, and visitors of the facility. 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) 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 the residents). The findings include: The licensee held an assisted living with dementia care license. The facility was licensed for a bed capacity of 195 residents and had a current census of 184 residents. R8 was admitted on September 3, 2020, with diagnoses including mild cognitive impairment, rheumatoid arthritis, acute respiratory failure with supplemental oxygen, and anxiety disorder.	02310		

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02310	Continued From page 12 On October 29, 2025, at 3:00 p.m., the surveyors observed R8 resting in her bed in her room located in the secured memory care unit of the facility. At the time of observation, R8 was not utilizing her oxygen, and the surveyors observed a sprinkler system head in R8's room. The surveyors observed three 41-liter liquid oxygen containers (a 41-liter base container is equivalent to 1246.4 cubic feet of oxygen at standard pressure and temperature), placed along the wall to the right of R8's bedside. Tank number one's gauge indicated it was 1/4 full, tank number two was 1/2 full and tank number three was full. Unlicensed personnel (ULP)-L stated R8 was only using the oxygen if her oxygen saturations dropped or if she became short of breath. ULP-L stated tank number one (1/4 full) was the designated tank for continuous use, tank number two was designated for filling R8's portable liquid oxygen canister, and the third (full tank) was back up and available for use. When full, the three containers of liquid oxygen would equal 3739.2 cubic feet of oxygen. R8's Individualized Service Amendment dated September 11, 2025, indicated she received assistance with dressing, toileting, bathing, medication management, feeding, toileting, and assistance with Tubi grips (compression garment). R8's Individualized Service Amendment lacked the service of supplemental oxygen. R8's signed provider's orders dated October 24, 2025, indicated discontinue current continuous oxygen order which was started on October 20, 2025. An additional order dated October 24, 2025, indicated as needed (PRN) oxygen two	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36651	A. BUILDING: _____ B. WING _____	10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON POINTE SENIOR LIVING	3385 DISCOVERY ROAD EAGAN, MN 55121

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02310	Continued From page 13 liters/minute (LPM) for comfort. On October 29, 2025, at 3:45 p.m., clinical nurse supervisor (CNS)-B stated she was familiar with oxygen storage requirements in the skilled nursing home setting but was not aware of the storage and refilling of portable liquid oxygen containers in the assisted living/memory care unit setting. The licensee failed to ensure R8's oxygen containers were properly stored and portable transfilling occurred in a safe location away from the resident. Minnesota Department of Health (MDH) internal document titled, Oxygen Cylinder Storage Requirements dated April 16, 2020, which was based on the National Fire Protection Association, Standard 99 (NFPA 99), Health Care Facilities Code states: Storing over 3,000 cubic feet of oxygen o Volumes of 3000 ft³ and over of oxygen must be stored in special designated rooms that meet the following requirements (storing oxygen in these volumes will require a backup power system and engineer designed ventilation system): o Sufficient room to maneuver cylinders o Room able to be secured with lockable doors o Interior room must be constructed with non-combustible or limited-combustible construction with a minimum fire rating of 1-hour (no allowances for fully sprinklered rooms) o Be compliant with NFPA 70 National Electric Code with electrical devices protected/located at or above 5 ft above finished floor o Be heated by indirect means if heat is required o Be provided with adequate amounts of racks	02310		

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02310	Continued From page 14 (constructed of non-combustible or limited-combustible materials) and chains to secure all cylinders, full or empty o A dedicated, continuous-operating mechanical ventilation system that draws air from within 12 inches of the floor, with a means of make-up air provided o Where natural ventilation is permitted, it shall consist of two louvered openings, each having a minimum free area of 72 in² with one located 12 inches from the floor and one located 12 inches from the Ceiling. NOTE: Louvered natural ventilation openings are not permitted in an exit access corridor. TRANSFILLING When a facility uses large containers of liquid oxygen to fill empty portable liquid oxygen containers, this process is called, transfilling. When transfilling activities take place in a facility, the following items must be met to protect staff and residents from the dangers of liquid oxygen: o the room must be separated by a fire barrier of 1 hour fire resistive construction o the area must be mechanically ventilated (negative pressure), sprinklered and have ceramic or concrete flooring o the room must be posted with signs indicating that transfilling is occurring and that smoking in the immediate area is not permitted o the individual transfilling must be properly trained in transfilling procedures MDH Information Bulletin-4-15 Use of Liquid Oxygen dated October 4, 2022, indicated: Storage of liquid oxygen that is more than the equivalent of 3000 cubic feet: The requirements for storage of nonflammable gases in quantities greater than 3000 cubic feet	02310		

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02310	Continued From page 15 can be found in NFPA 99, Sec. 8-3.1.11.1, which requires compliance with Sections 4-3.1.1.2 and 4-3.5.2.2 of NFPA 99. In addition to the requirements outlined in the previous paragraph, such storage locations must be enclosed with construction providing a fire-resistance rating of at least one hour. Such locations shall also be vented to the outside by a dedicated mechanical ventilation system (natural ventilation is allowed where the storage location has at least one exterior wall). Attachment #1: Locations Used for Transfilling of Liquid Oxygen This attachment outlines the major requirements that apply to rooms used for the transfer of liquid oxygen from one container to another. The contents herein are based on provisions found in Chapters 4 and 8 of the 1999 edition of NFPA 99 and Chapters 27, 30 and 32 of the 2003 Minnesota State Fire Code. Such rooms must be completely enclosed with a fire barrier of minimum 1-hour fire resistive construction. This includes: Each component of the room (i.e., the floor, all four walls and the ceiling) must have a fire-resistance rating of at least 1 hour. The door into the room must be a listed assembly having a minimum fire resistance rating of 45 minutes. Listed assemblies include the door, frame, and self-closing and positive latching hardware. Flooring must be ceramic or concrete. A concrete floor must be bare. It is not acceptable to paint the concrete floor. The room must be provided with complete automatic sprinkler protection. Depending on the size of the room, one sprinkler head may suffice. The room must be mechanically ventilated as	02310		

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02310	Continued From page 16 follows: The exhaust fan must provide a minimum of one cubic foot per minute (CFM) of exhaust for each square foot of floor area within the room. For example, a room measuring 36 square feet in area must have a minimum of 36 CFM of exhaust ventilation. Room exhaust and make-up air must be arranged so as to prevent the accumulation of oxygen gas anywhere in the room. To best accomplish this, the exhaust should be located at, or within 6 inches of, the ceiling. Make-up air should be at, or within 6 inches of, the floor. The exhaust system must be dedicated to that room only. It is not acceptable to connect the exhaust fan to any other duct system. The exhaust must go directly to the outside. If the exhaust must go through other areas either adjacent to or above the transfer room, the ductwork must be installed inside of an enclosure with a fire-resistance rating of at least 1 hour. The exhaust fan must operate at all times the transfer of oxygen is taking place. This can best be assured by inter-locking the fan with the room lighting. If the room is also used for the storage of oxygen, the exhaust fan must be arranged to operate continuously. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	02310		

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

LEXINGTON POINTE SENIOR LIVING
3385 DISCOVERY ROAD
Eagan, MN 55121
Dakota County
Parcel:

Phone:

License Info

License: HFID 36651

Risk:
License:
Expires on:
CFPM: Visente Corral
CFPM #: FM77353; Exp: 3/17/2027

Inspection Info

Report Number: F1004251211
Inspection Type: Full - Single
Date: 10/28/2025 Time: 11:45:00 AM
Duration: minutes
Announced Inspection:
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

INSPECTION WAS CONDUCTED BY MOLLY DOUGHERTY (FPLS) IN CONJUNCTION WITH A HEALTH REGULATIONS DIVISION (HRD) SURVEY CONDUCTED BY DEBORAH JACOBSON.

DISCUSSED:
-EMPLOYEE ILLNESS POLICY AND LOG
-HANDWASHING
-SANITIZER USE AND TEST KITS
-CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
-HIGH TEMPERATURE SANITIZING DISH MACHINE TEMPERATURE VERIFICATION
-DATE MARKING PROCEDURES
-COOLING PROCEDURES
-REHEATING PROCEDURES
-THERMOMETER USE AND CALIBRATION
-SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
-VOMIT/FECAL INCIDENT CLEAN UP PROCEDURES
-FOOD SOURCE
-RECEIVING DELIVERIES PROCEDURES
-FOOD SERVICE PROCEDURES
-PEST CONTROL
-TEMPERATURE LOGS
-PHYSICAL FACILITIES AND MAINTENANCE

*NO VIOLATIONS OBSERVED DURING TIME OF INSPECTION.

*REPORT WAS DISCUSSED WITH THE FOOD SERVICE DIRECTOR, CHEF, THE EXECUTIVE DIRECTOR, AND WITH THE NURSE EVALUATOR.

Establishment Information: ESTABLISHMENT HAS 3 ADDITIONAL KITCHENETTES (ONE ON EACH FLOOR) THAT CONTAINS A REFRIGERATOR, A FREEZER, A MICROWAVE, AND 3-COMPARTMENT SINK.

*IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND

PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE RESIDENT. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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 F1004251211 from 10/28/2025

Molly Dougherty

Vince Corral
Executive Chef

Molly Dougherty,
Public Health Sanitarian 3
651-201-3978
molly.dougherty@state.mn.us