Electronically Delivered

October 8, 2025

Licensee
Riley Crossing Senior Living
620 Aldrich Drive
Chanhassen, MN 55317

RE: Project Number(s) SL35195016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 27, 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,

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 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
	35195	A. BUILDING: _____ B. WING _____	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RILEY CROSSING SENIOR LIVING	620 ALDRICH DR CHANHASSEN, MN 55317

(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: SL35195016 On August 25, 2025, through August 27, 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 153 residents; 76 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	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. 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 subd. 1, 2, and 3.	
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs	01440		

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01440	Continued From page 1 (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services for one of two employees (unlicensed personnel (ULP)-C). 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	01440		

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01440	Continued From page 2 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: ULP-C began employment on January 13, 2025, to provide direct care services. On August 26, 2025, at 8:36 a.m. ULP- C was observed administering medications to R3. ULP-C's employee record lacked documentation of direct supervision of performing a delegated task within 30 days of providing services to verify the work was performed competently and to identify problems and solutions to address issues relating to the staff's ability to provide the services. The 30-day supervision document found in ULP-C's record was dated June 25, 2025. On August 27, 2025, at 9:42 a.m. licensed assisted living director (LALD)-A stated the facility performed a mock survey in May 2025, and identified 30-day supervisions not being completed. They now have a new process in place to complete supervisions on time. The licensee's Supervision of Licensed and Unlicensed Personnel policy dated August 1, 2021, indicated direct supervision of unlicensed staff providing delegated nursing tasks or delegated treatments must be performed within 30 days after the person begins work for [the facility]. No further information was provided.	01440		

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01440	Continued From page 3 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (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 the current service plan included a signature or other authentication by the licensee or resident to document agreement on the services to be provided for one of four residents (R3).	01640		

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01640	Continued From page 4 This practice resulted in a level two violation (a violation that did not harm a client'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: R3's signed service plan dated April 19, 2024, included services of physical assist of one with bathing, transfers, ambulation, and dressing, physical assist of two with bed mobility, and medication assistance totaling $12,200. R3's unsigned service plan with an effective date of July 15, 2025, included services of physical assist of one with bathing, dressing, and ambulation, physical assist of two with bed mobility, transfers, and toileting, medication assistance, wound care, breathing treatments, oxygen assistance, and repositioning totaling $13,710. R3's record lacked a current service plan with signature or authentication by the resident or resident's representative with all current services provide by licensee after addition of services on or after July 15, 2025. On August 26, 2025, from approximately 8:20 a.m. to 8:45 a.m., the surveyor observed two unlicensed personnel (ULP) transfer, dress, and groom R3 and observed another ULP administer medications.	01640		

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01640	Continued From page 5 On August 26, 2025, at 2:00 p.m., registered nurse (RN)-B stated R3's new service plan was developed on July 15, 2025, and was sent to the power of attorney (POA) via email that day but it has not been signed, and they have not heard from the family regarding the new service plan. The change in services and the price increase started on July 15, 2025. RN-B further stated there is no documentation showing further attempts of trying to get in touch with the POA. The licensee's Service Plan Agreement Development and Revision policy dated August 1, 2021, indicated if a review of the Service Plan indicates that the client's Service Plan Agreement needs modification based on the client's needs, preferences or changes in fees, the RN: -Makes necessary changes to the Service Plan -Signs the revised Service Plan with name, title and date -Requests that the client and/or the client's representative sign and date the revised Service Plan -Files the signed Service Plan in the client record When Service Plan Agreement approval must be obtained from client representative, and they are not available on site to sign the agreement the following process is acceptable: -RN communicates changes in Service Plan to client representative and obtains approval for implementation -Documentation of this approval is noted in the client medical record -Services may be implemented with such approval -RN and client representative agree upon the most timely method to obtain the required client representative signature on Service Plan	01640		

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01640	Continued From page 6 Agreement -Options for an expeditious signature include, but are not limited to, scheduling an in person meeting at the site, securely faxing the document or mailing the document -The RN will have a tracking method to ensure the required signature is on file in a timely manner No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the steps of the medication administration process was followed for two of two employees (unlicensed	01760		

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01760	Continued From page 7 personnel (ULP-C and ULP-F). 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: ULP-C began employment on January 13, 2025. ULP-F began employment on April 1, 2024. On August 25, 2025, at 10:30 a.m. during the entrance conference, licensed assisted living director (LALD)-A and registered nurse (RN)-B stated ULP's have skills training including medication administration training and competency testing at the corporate level before starting on the floor at each site. On August 26, 2025, at 8:20 a.m., the surveyor observed ULP-F assist another ULP with using a mechanical lift with R3 to provide cares. ULP-F removed R3's brief, provided perineal care, and applied Calmoseptine ointment to R3's bottom. The Calmoseptine ointment was kept on a table in R3's room and was applied without first looking at the electronic medication administration record to check the rights of medication administration. ULP-F did not document the medication administration. On August 26, 2025, at 8:36 a.m. the surveyor observed ULP-C administer medications to R3.	01760		

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01760	Continued From page 8 ULP-C checked the medication prescription labels against the electronic medication administration record (EMAR), brought the oral medications and nebulizer solution into R3's room and gave the oral medications to R3. ULP-C stated she would come back after R3 finished his breakfast to administer the nebulizer. ULP-C returned to the medication cart and the computer to document the medication administration. ULP-C documented that she had administered the oral medications along with the Calmoseptine ointment. ULP-C stated she knew the other ULP had administered the ointment, so she documented it as given even though she was not the one who applied the ointment. On August 26, 2025, at 10:30 a.m., registered nurse (RN)-B stated ULP's were trained to check the rights of medication administration before administering any medications and they should not be documenting that they had administered medications if they had not done it themselves. On August 27, 2025, at 8:25 a.m., ULP-F stated she checked with the medication passer to make sure R3 still needed the ointment applied and then reported back to the medication passer when she was done so the medication passer could document it. The licensee's Unlicensed Personnel- Medication Administration policy dated August 1, 2021, indicated medications always need to be administered according to the "5 Rights", right person, right medication, right time, right route, right dose. The licensee's Medication Documentation on the Client Medication Administration Record policy	01760		

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01760	Continued From page 9 dated August 1, 2021, indicated staff will administer the medication according to the instructions on the medication administration record (MAR). Staff will document each medication administration immediately after that task has been performed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescription medications were stored in securely locked and substantially constructed compartments permitting only authorized personnel to have access. 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).	01880		

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01880	Continued From page 10 The findings include: On August 26, 2025, at 8:20 a.m. the surveyor observed a tube of Calmoseptine ointment on a small table in R3's room. R3's medication administration record for August 2025, indicated R3 received Calmoseptine ointment topically to sacrum coccyx daily. R3's nursing assessment dated July 14, 2025, indicated medications were kept in a locked medication cart. On August 26, 2025, at 10:30 a.m., registered nurse (RN)-B stated if the facility is doing medication administration, the medications should be locked in the medication cart. Medications can only be kept in a resident's room if they have a self-administration order. On August 27, 2025, at 8:25 a.m., unlicensed personnel (ULP)-F stated R3's Calmoseptine is usually kept in the resident's room, so it is right there when needed. The licensee's Storage of Medication and Key Security policy dated April 19, 2023, indicated, in the client's individualized medication management plan, the nurse may identify the need for secured storage of the medications within the client's private living space or in a central storage area because of the client's cognitive status, concerns about medication diversion or other concerns. No further information was provided.	01880		

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01880	Continued From page 11 TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
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 standards, medical, or nursing standards for one of one resident (R3) who utilized oxygen. 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: On August 26, 2025, at 8:20 a.m., the surveyor observed on oxygen tank unsecured in R3's room. On August 26, 2025, at 11:02 a.m., licensed assisted living director (LALD)-A stated all oxygen tanks should be stored securely, and unlicensed personnel should be reporting to	02310		

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02310	Continued From page 12 nursing any oxygen tanks they find unsecure. Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, recommended cylinders be secured with chains or racks to prevent cylinders from falling over. The licensee's Safe Oxygen Use and Storage policy dated August 1, 2021, indicated oxygen containers must be stored in a stand or cart so they cannot be knocked over while in use or in storage and must not be located in areas where they may be overturned due to a door opening or where they are in a pathway. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) 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

RILEY CROSSING SENIOR LIVING
620 ALDRICH DRIVE
Chanhassen, MN 55317
Carver County
Parcel:

Phone:

License Info

License: HFID 35195

Risk:
License:
Expires on:
CFPM: ALEX BUKO
CFPM #: FM2279; Exp: 03/01/2026

Inspection Info

Report Number: F8087251086
Inspection Type: Full - Single
Date: 8/26/2025 Time: 3:00:00 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

THIS WAS AN UNANNOUNCED AND UNSCHEDULED FULL INSPECTION.

INSPECTION DONE WITH KITCHEN MANAGER ALEX BUKO.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING
NOROVIRUS
BARE HAND CONTACT WITH READY TO EAT FOODS
EMPLOYEE ILLNESS
EMPLOYEE EXCLUSION
COOLING METHODS
REHEATING METHODS
SANITIZER CONCENTRATION
DATE MARKING
ALL ITEMS ON THIS REPORT
ALL ITEMS ON PREVIOUS REPORT

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO ESTABLISHMENT AND NURSE SURVEYOR.

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 F8087251086 from 8/26/2025

John Boettcher

ALEX BUKO
KITCHEN MANAGER

John Boettcher,
Public Health Sanitarian 3
651-201-5076
john.boettcher@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

RILEY CROSSING SENIOR LIVING
Chanhassen
County/Group: Carver County

Inspection Info

Report Number: F8087251086
Inspection Type: Full
Date: 8/26/2025
Time: 3:00:00 PM

Equipment Temperature: Product/Item/Unit: AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Cooler #1 at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: Upright Cooler #1 at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: DELI MEAT**; Temperature Process:** Cold-Holding
Location: Upright Cooler #1 at 40 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Walk-in Freezer at -8 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Walk-in Cooler at 35 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CUT MELON**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: SCRAMBLED EGG**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHICKEN**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** DELI MEAT**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** COOKED PASTA**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** DELI MEAT**; Temperature Process:** Hot-Holding
Location: Service Line Warmer at 137 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** CHEESE**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** HB EGG**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** DELI MEAT**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Cooler #2 at 35 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** CHICKEN**; Temperature Process:** Cold-Holding
Location: Upright Cooler #2 at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** CUT LEAFY GREENS**; Temperature Process:** Cold-Holding
Location: Upright Cooler #2 at 37 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Cooler #3 at 34 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** COTTAGE CHEESE**; Temperature Process:** Cold-Holding
Location: Upright Cooler #3 at 35 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** CUT LEAFY GREENS**; Temperature Process:** Cold-Holding
Location: Upright Cooler #3 at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** SOUP**; Temperature Process:** Hot-Holding
Location: Warmer at 175 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Ice Cream - Under Counter Freezer at -1 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Ice Cream Dip Well Freezer at 3 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Server Station Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** MILK**; Temperature Process:** Cold-Holding
Location: Upright Server Station Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

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Sanitizer Observations/Recordings

Establishment Info

RILEY CROSSING SENIOR LIVING
Chanhassen
County/Group: Carver County

Inspection Info

Report Number: F8087251086
Inspection Type: Full
Date: 8/26/2025
Time: 3:00:00 PM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Dishwashing Area **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** 3-Compartment Sink
Location: 3-Comp Sink **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: 3-Comp Sink **Equal To** 400 PPM
Comment:
Violation Issued?: No