Electronically Delivered

April 30, 2025

Licensee
Elim Shores
7900 Timber Lake Drive
Eden Prairie, MN 55347

RE: Project Number(s) SL30597016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 3, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted no violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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,

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30597	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIM SHORES	7900 TIMBER LAKE DRIVE EDEN PRAIRIE, MN 55347

(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 SL30597016-0 On March 31, 2025, through April 3, 2025, the Minnesota Department of Health conducted a survey at the above provider. At the time of the survey, there were 63 residents; 30 receiving services under the Assisted Living license. As a result of the survey, the licensee was found to be in substantial compliance with the assisted living statutes 144G.08 through 144G.95.	0 000		

Minnesota Department of Health
Environmental Health, FPLS
P.O Box 64975
Saint Paul
651-201-4500

Type: Full
Date: *03/31/25*
Time: 14:24:22
Report: 1018251058

Food and Beverage Establishment Inspection Report

Location:
Elim Shores
7900 Timber Lake Drive
Eden Prairie, MN55347
Hennepin County, 27

Establishment Info:
ID #: 0038618
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9529343005
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: BUCKET
Violation Issued: No

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: BUCKET
Violation Issued: No

Hot Water: = at 163 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding/ RIBS
Temperature: 160 Degrees Fahrenheit - Location: STEAM TABLE
Violation Issued: No

Process/Item: Hot Holding/ MAC
Temperature: 175 Degrees Fahrenheit - Location: STEAM TABLE
Violation Issued: No

Process/Item: Cold Holding/ CHEESE
Temperature: 40 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Holding/ TOMATO
Temperature: 40 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding/ GARLIC
Temperature: 40 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

Process/Item: Cold Holding/ CHEESE
Temperature: 40 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	0	0

ESTABLISHMENT SERVES 70-80 RESIDENTS DAILY

THERE IS A COOLER IN A SATELLITE KITCHEN THAT IS USED MOSTLY FOR RESIDENT PERSONAL FOOD OR NON-TCS BEVERAGES.

DISCUSSED COOLING AND THAWING METHODS.

DISCUSSED PEST CONTROL

VIEWED EMPLOYEE ILLNESS LOG AND DISCUSSED ILLNESS POLICY

NO ORDERS ISSUED

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 1018251058 of 03/31/25.

Certified Food Protection Manager: RYAN KWANG SCHMITT

Certification Number: FM67587 Expires: 02/02/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
RYAN SCHMITT
MANAGER

Signed: _____
Rebecca Prestwood
Sanitarian 3
6512013777
rebecca.prestwood@state.mn.us