Electronically Delivered

September 11, 2025

Licensee
Shoreview Senior Living LLC
4710 Cumberland Street
Shoreview, MN 55126

RE: Project Number(s) SL28875016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 30, 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,

Renee L Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

AH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28875	A. BUILDING: _____ B. WING _____	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOREVIEW SENIOR LIVING LLC	4710 CUMBERLAND STREET SHOREVIEW, MN 55126

(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: SL28875016-0 On July 28, 2025, through July 30, 2025, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 137 residents, 53 of whom were receiving services under the provider's 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 pursuant to 144G.31 Subd. 1, 2 and 3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter	0 480		

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0 480	Continued From page 1 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (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; (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; (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; (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; (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 and in good condition; (6) notwithstanding Minnesota Rules, part	0 480		

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0 480	Continued From page 2 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. 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. 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 29, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		

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01890	Continued From page 3	01890		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to document opened dates on time sensitive medication for one of three residents (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 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 service plan, dated July 29, 2025, indicated R5 received services including assistance with medication administration. R5's medication administration record (MAR), dated July 2025, indicated R5 received insulin Lispro (a fast-acting insulin used to manage blood sugar levels), 7 units twice daily, and insulin glargine (Lantus, a long-acting insulin used to manage blood sugar levels), 33 units every morning.	01890		

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01890	Continued From page 4 On July 29, 2025, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-E assist R5 with medication administration. A Lispro injection pen and a Lantus injection pen both lacked a date to indicate when they had been first opened and should be discarded. On July 29, 2025, at 8:00 a.m., ULP-E stated the pens should have had an open date listed on them. ULP-E stated she had opened the pens the previous day and had gotten "distracted", so she did not date them. ULP-E further stated she had gotten call and "had to rush out". On July 29, 2025, at 3:15 p.m., regional registered nurse (RN)-B stated insulin pens should be dated when they were first used, and if they were not dated the ULP must have forgotten to do it. The manufacturer's prescribing information for the use of Lispro insulin injection, dated 2023, indicated the medication should be discarded 28 days after first use. The manufacturer's prescribing information for the use of Lantus insulin injection, revised June 2023, indicated the medication should be discarded 28 days after first use. The licensee's Storage of Medication policy, dated January 1, 2025, indicated medications would be stored consistent with manufacturer's recommendations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

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02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced	02170		

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02170	Continued From page 6 by: Based on interview and record review, the licensee failed to ensure an individualized activity plan contained all required content for two of two residents (R2, R3). 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 of the residents). The findings include: The licensee had an Assisted Living with Dementia Care license effective August 1, 2021. R2 and R3 were admitted to the licensee on March 3, 2024, and November 7, 2024, respectively, and resided in a secured area of the facility. R2 and R3's diagnoses both included dementia. A progress note dated May 22, 2025, at 10:25 a.m., indicated R2 had been agitated and combative with staff. R2 and R3's Resident Activity/History Assessment-13.01 dated March 27, 2024, and December 24, 2024, respectively, lacked assessment of the following required elements: -past interests; -emotional and social needs and patterns; and -identification of activities for behavioral interventions.	02170		

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02170	Continued From page 7 On July 30, 2025, at 2:10 p.m., licensed assisted living director (LALD)-A stated the Resident Activity/History Assessment form was given to families to fill out when a resident admitted to the facility. LALD-A further stated sometimes families did not want to provide all the information. The licensee's 3.05 "ALDC Life Enrichment Programs, Activities & Outdoor Space" policy, dated August 1, 2021, included, "2. Upon admission the activities staff will complete activities assessment to determine individualized activities for residents. 3. Each resident must be evaluated for activities of interest according to the licensing rules of the facility and must address the following: -past and current interests; -current abilities and skills; -emotional and social needs and patterns; -physical abilities and limitations; -adaptations necessary for the resident to participate, and -identification of activities for behavioral interventions." Additionally, the policy indicated, "4. An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02170		

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

Shoreview Senior Living LLC
4710 Cumberland Street
Shoreview, MN 55126
Ramsey County
Parcel:

Phone:

License Info

License: HFID 28875

Risk:
License:
Expires on:
CFPM: Joshua C. Tormoen
CFPM #: FM14276; Exp: 6/7/2026

Inspection Info

Report Number: F1043251097
Inspection Type: Full - Single
Date: 7/29/2025 Time: 4:41:50 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 3
Delivery:

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.12B *Priority Level: Priority 3 CFP#: 43*
MN Rule 4626.0275B Store the food preparation and dispensing utensil in a food that is not TCS food with the handles above the top of the food within containers or equipment that can be closed such as bins of sugar, flour or cinnamon.
COMMENT: SCOOPS IN ROLLING BIN FOR DRY INGREDIENTS (PANKO, FLOUR) STORED WITH HANDLES DOWN IN CONTACT WITH INGREDIENTS. ADVISED STAFF TO MAINTAIN HANDLES UP IN BETWEEN USES. CORRECTED ON SITE. COMPLY WITH ABOVE RULE.
Comply By: 7/29/2025 Originally Issued On: 7/29/2025

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: SANI BUCKET AT EXPO MEASURED 150 PPM. ADVISED STAFF TO MAINTAIN SANITIZER SOLUTION BETWEEN 200-400 PPM. COMPLY WITH ABOVE RULE.
Comply By: 7/29/2025 Originally Issued On: 7/29/2025

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: (1) MILK IN REACH IN COOLER AT DINING ROOM MEASURED 47F. (2) JELLO, TARTAR SAUCE, ETC. MEASURED ABOVE 41F IN EXPO REACH IN COOLER. ADVISED STAFF TO DISCARD TCS FOODS. COMPLY WITH ABOVE RULE.
Comply By: 7/29/2025 Originally Issued On: 7/29/2025

New Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT: DIGITAL READER OF AMBIENT TEMPERATURE FOR EXPO REACH IN COOLER MEASURED 47F, AMBIENT TEMPERATURE MEASURED 46F BY SANITARIAN. ADVISED STAFF TO REPAIR COOLER TO HOLD FOOD AT 41F OR BELOW. COMPLY WITH ABOVE RULE.
Comply By: 7/29/2025 Originally Issued On: 7/29/2025

Food & Beverage General Comment

Inspection was completed with Tammy Carlson as the lead Health Regulation Division Nurse Evaluator completing the site survey.

Discussed highly susceptible populations, date marking, illness policy, sanitizer use, ware washing, temperature control, same day service, cleaning, pest control, vomit/fecal procedures, test kits, food storage, and food handling procedures.

TEMPERATURE (F)
DINING AREA REACH IN COOLER: MILK 47*
EXPO SOUP WELL: SOUP 147
EXPO REACH IN COOLER: DIGITAL AMBIENT READING 47*, SANITARIAN'S AMBIENT READING 46*, JELLO 45*, TARTAR SAUCE 46*
STEAM WELL: CHICKEN 138, PORK 136, GREEN BEANS 140
WALK IN COOLER: CHICKEN 40, CHEESE 40, TOMATO 40, SOUR CREAM 40
THAWING: CRAB 29

QUATERNARY AMMONIA (PPM)
DINING AREA SANI BUCKET: 200
EXPO SANI BUCKET: 150*
3 COMP SINK DISPENSER: 200

UTENSIL SURFACE TEMPERATURE (F)
DISH MACHINE: 161

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling, major equipment additions, or changes of equipment due to a menu change.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 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 F1043251097 from 7/29/2025

Josh Tormoen
PIC

Blia Lor,
Public Health Sanitarian 1
651-355-0641
blia.lor@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

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Inspection Type: Follow-up - Single
Date: 7/31/2025 Time: 9:07:40 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery:

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Comply By: 7/29/2025 Originally Issued On: 7/29/2025

Food & Beverage General Comment

Follow-up report written to assess compliance on previous order(s) from the onsite inspection completed on 7/29/2025 with Tammy Carlson as the lead Health Regulation Division Nurse Evaluator completing the site survey. Remaining order(s) on the report will be reassessed during the next onsite inspection.

TEMPERATURE (F)
EXPO REACH IN COOLER: AMBIENT TEMPERATURE READING RANGES FROM 35-39

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