Electronically Delivered

April 24, 2025

Licensee
Suite Living Senior Care of Eden Prairie LLC
9360 Hennepin Town Road
Eden Prairie, MN 55347

RE: Project Number(s) SL40399015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license with dementia care.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on March 13, 2025, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

**STATE CORRECTION ORDERS**
The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

**IMPOSITION OF FINES**
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

**St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00**

**The total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**DOCUMENTATION OF ACTION TO COMPLY**
Per 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 residents/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 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 the Department of Health within 15 calendar days of the correction order receipt date.

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

**REQUESTING A HEARING**
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by MDH within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you

may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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

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

If you have any questions, please contact me.

Sincerely,

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

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40399 | A. BUILDING: _____ B. WING _____ | 03/13/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUITE LIVING SENIOR CARE OF EDEN PRAIRI | 9360 HENNEPIN TOWN ROAD 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 |
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| 0 000 | Initial Comments<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL40399015-0<br><br>On March 11, 2025, through March 13, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 29 resident(s); 29 receiving services under the Provisional 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| 0 480 SS=F | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services | 0 480 | | |

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

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| 0 480 | Continued From page 2<br><br>allowed provided the facility keeps them clean and in good condition;<br>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated March 11, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer | 0 480 | | |

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| 0 480 | Continued From page 3<br>to the FBEIR for any compliance dates. | 0 480 | | |
| 0 485 SS=C | 144G.41 Subdivision 1.a (a) Minimum requirements; required food services<br><br>All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living contract. This had the potential to affect all residents.<br><br>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). | 0 485 | | |

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| 0 485 | Continued From page 4<br><br>The findings include:<br><br>During the entrance conference on March 11, 2025, at 10:00 a.m., housing director (HD)-A and regional director of operations (RDO)-B stated the licensee was familiar with current minimum assisted living requirements.<br><br>In the licensee's Residential Lease Agreement, Attachment [Licensee] Meal Plan Form dated June 2021, indicated licensee's meal plan included three (3) meals daily and available snacks. The meal plans allowed residents to opt into or to opt out of the meal plan. The meal plan in the Residential Lease Agreement lacked an option for residents to choose to pay for only one or two meals daily, or only the meals they would want.<br><br>On March 12, 2025, at 11:01 a.m., HD-A stated the licensee's meal plan only allowed residents to select or decline all three meals daily. HD-A stated residents did not have the option to pay for only one or two meals daily if that was what they wanted.<br><br>On March 12, 2025, at 11:01 a.m., clinical nurse supervisor (CNS)-C stated there had been occasions that they had to explain to residents and resident representatives that paying for only one or two meals per day was not an available option in the meal plan.<br><br>The Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQs) website, last updated December 13, 2024, indicated the provider cannot have a blanket "one size fits all" meal charge. | 0 485 | | |

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| 0 485 | Continued From page 5<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 485 | | |
| 0 730 SS=F | 144G.43 Subd. 3 Contents of resident record<br><br>Contents of a resident record include the following for each resident:<br>(1) identifying information, including the resident's name, date of birth, address, and telephone number;<br>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;<br>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;<br>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;<br>(5) the resident's advance directives, if any;<br>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;<br>(7) the facility's current and previous assessments and service plans;<br>(8) all records of communications pertinent to the resident's services;<br>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(10) documentation of incidents involving the resident and actions taken in response to the | 0 730 | | |

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| 0 730 | Continued From page 6<br><br>needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(11) documentation that services have been provided as identified in the service plan;<br>(12) documentation that the resident has received and reviewed the assisted living bill of rights;<br>(13) documentation of complaints received and any resolution;<br>(14) a discharge summary, including service termination notice and related documentation, when applicable; and<br>(15) other documentation required under this chapter and relevant to the resident's services or status.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure resident records included documentation of services provided for three of three residents (R1, R2, R3).<br><br>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).<br><br>The findings include:<br><br>R1<br>R1 was admitted to the licensee on April 2, 2024, and began receiving assisted living services<br><br>R1's service plan printed on March 11, 2025, unsigned, indicated R1 received services for | 0 730 | | |

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| 0 730 | Continued From page 7<br><br>assistance with dressing and grooming, housekeeping, and medication management.<br><br>R1's service log for June 2024, lacked documentation of services provided for the following services and dates:<br>-bathroom assistance on June 21 and 28;<br>-incontinence management on the night shift on June 8, 9, 10, 12, 17, 20, 21, 22, 23, 26, and 28;<br>-assistance with dressing and oral care on June 21 and 28;<br>-housekeeping services and laundry on June 21 and 28; and<br>-safety checks every two hours on June 20, 21, and 30.<br><br>R2<br>R2 was admitted on August 7, 2024, and began receiving assisted living services.<br><br>R2's record included a service plan dated August 7, 2024, indicating R2's services included medication administration, diabetic management, safety checks, and assistance with dressing, grooming, and bathing.<br><br>R2's service log for March 2025, lacked documentation of services provided for the following services and dates:<br>-assistance with dressing on March 1, 4, and 10;<br>-laundry on March 1, and 4;<br>-meal setup and attendance on March 1 and 4; and<br>-safety checks every two (2) hours on March 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11.<br><br>R3<br>R3 was admitted on February 6, 2025, and began receiving assisted living services. | 0 730 | | |

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| 0 730 | Continued From page 8<br><br>R3's record included a Service Agreement signed on February 6, 2025, indicating R3's services included housekeeping and laundry, medication administration, diabetic management, and assistance with dressing and compression garments.<br><br>R3's service log dated March 2025, lacked documentation for provision of the following scheduled services:<br>-bed-making on March 1, 4, and 10;<br>-compression sock assistance on March 1, 4, and 11;<br>-safety checks every two hours on March 1, and 4; and<br>-assistance with dressing on March 1, 4, and 10.<br><br>On March 12, 2025, at 4:16 p.m., the surveyor reviewed R1, R2, and R3's service logs with clinical nurse supervisor (CNS)-C who stated the service logs were missing some documentation. CNS-C stated they have already started re-training staff on documentation of resident services provided.<br><br>The licensee's 2.38 Resident Record - Documentation policy last revised July 19, 2021, read "staff providing assisted living services will document daily medications, services, treatments, or therapies provided to the resident."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 730 | | |
| 0 775 SS=F | 144G.45 Subd. 2. (a) Fire protection and physical environment | 0 775 | | |

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| 0 775 | Continued From page 9<br><br>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to comply with the Minnesota State Fire Code in Minnesota Rules, chapter 7511. This had the potential to directly affect all residents, staff, and visitors.<br><br>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)<br><br>The findings include:<br><br>On March 11, 2025, from 10:00 a.m. to 12:30 p.m., the surveyor toured the facility with housing director (HD)-A and regional director of operations (RDO)-B, the surveyor made the following observations of non-compliance with current Minnesota Fire Code provisions:<br><br>EXIT DOOR LOCKING<br>The entire facility was secured with magnetic lock, key-code pads that locked all the exit doors from the direction of exit travel. There was not an emergency release button to release all locked doors to open in the direction of exit travel installed anywhere in the facility. Emergency release buttons are required to be installed in each locked unit in an area constantly attended | 0 775 | | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| 0 775 | Continued From page 10<br>by staff.<br><br>The fenced exterior patio was provided with magnetic lock, key-code pads that locked all the gates leading to the public way from a marked exterior exit door in the building.<br><br>The emergency release button shall release all locked exit doors to the open position in the event of a fire or similar emergency in accordance with MSFC in Minnesota Rules Chapter 7511 and the local building and fire code official.<br><br>On March 11, 2025, at 1:00 p.m., RDO-B stated they had similar discussions about some of their other facilities and were aware of the issue. RDO-B stated they were doing an analysis of all their buildings and developing a strategy to come into compliance with the emergency release button at all locations.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 775 | | |
| 01540 SS=D | 144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED<br><br>(3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor | 01540 | | |

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| 01540 | Continued From page 11<br><br>meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure direct-care staff completed the required eight (8) hours of initial dementia care training for one of two employees (unlicensed personnel (ULP)-D).<br><br>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 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).<br><br>The findings include:<br><br>The licensee was a licensed assisted living facility with dementia care (ALFDC).<br><br>ULP-E was hired on July 15, 2024, and began providing assisted living services.<br><br>ULP-E's record included an Educare (online training) transcript dated March 12, 2025, indicating eight (8) hours of dementia care training was completed on October 1, 2024. ULP-E did not meet the required 8 hours of dementia training within 80 hours of beginning employment | 01540 | | |

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| 01540 | Continued From page 12<br><br>On March 12, 2025, at 4:12 p.m., regional director of operations (RDO)-B and housing director (HD)-A stated ULP-E completed dementia training after 80 hours of employment. RDO-B stated ULP-E was hired to work 30 hours per week and would have been working independently before October 1, 2024.<br><br>The licensee's 5.03 Dementia Training policy dated July 20, 2021, indicated direct care employees would complete 8 hours of initial dementia care training within 80 hours of the employment start date.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 01540 | | |
| 01700 SS=F | 144G.71 Subd. 2 Provision of medication management services<br><br>(a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.<br>(b) The assessment must identify interventions | 01700 | | |

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| 01700 | Continued From page 13<br><br>needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a medication management assessment which included all content prior to providing medication management services for three of three residents (R1, R2, R3).<br><br>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 impacted to has the potential to impact a large portion or all of the residents).<br><br>The findings include:<br><br>R1<br>R1 was admitted on April 2, 2024, and began receiving assisted living services.<br><br>R1's service plan, printed on March 11, 2025, indicated R1 received services including assistance with dressing and grooming, housekeeping, and medication management. | 01700 | | |

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| 01700 | Continued From page 14<br><br>R1's record included a Medication Administration Record dated June 2024, indicating medications that had been administered to R1 included aspirin (to prevent blood clots), cholecalciferol (for vitamin D deficiency), cyanocobalamin (for vitamin B 12 deficiency), duloxetine (for depression), ferrous sulfate (for iron deficiency), Fosamax (for osteoporosis), and furosemide (for edema).<br><br>R1's record included a medication assessment completed by clinical nurse supervisor (CNS)-C on April 2, 2024.<br><br>R2<br>R2 was admitted on August 7, 2024, and began receiving assisted living services.<br><br>R2's record included a service plan dated August 7, 2024, indicating R2's services included medication administration, diabetic management, safety checks, and assistance with dressing, grooming, and bathing.<br><br>R2's record included a Medication Administration Record dated March 2025, indicating medications that had been administered to R2 included donepezil (for mood disorder), glipizide (for diabetes), melatonin (for sleep), memantine (for dementia), olanzapine (for mood disorder), Ozempic (for diabetes), pantoprazole (for gastric reflux), sertraline (for depression), vitamin B-12 (for vitamin deficiency), vitamin C gummies (for vitamin deficiency), cholecalciferol (for vitamin D deficiency), acetaminophen (for pain), metformin (for diabetes), Systane ophthalmic solution (for dry eyes), and divalproex (for mood disorder).<br><br>R2's record included a medication assessment | 01700 | | |

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| 01700 | Continued From page 15<br>completed by CNS-C on August 7, 2024.<br><br>R3<br>R3 was admitted on February 6, 2025, and began receiving assisted living services.<br><br>R3's record included a Service Agreement signed on February 6, 2025, indicating R3's services included housekeeping and laundry, medication administration, diabetic management, and assistance with dressing and compression garments.<br><br>R3's record included a Medication Administration Record dated March 2025, indicating medications that had been administered to R3 included amlodipine (for blood pressure), atorvastatin (for high cholesterol), escitalopram (for depression), gabapentin (for neuropathy), melatonin (for sleep), olanzapine (for mood disorder), pantoprazole (for gastric reflux), cholecalciferol (for vitamin D deficiency), apixaban (for atrial fibrillation), carvedilol (for heart failure), and Lantus insulin (for diabetes),<br><br>R3's record included a medication assessment completed by CNS-C on February 17, 2025.<br><br>R1, R2, and R3's medication assessments lacked the following required content:<br>-identification and review of all medications the resident is known to be taking including indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues; and<br>-interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives | 01700 | | |

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| 01700 | Continued From page 16<br><br>on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.<br><br>On March 11, 2025, at 3:11 p.m., surveyor reviewed the medication assessments with CNS-C, who stated they were unaware the required content was not included in the assessment. CNS-C stated medication alerts were provided in the electronic record when medication orders were entered.<br><br>The licensee's 7.01 Medication Management - Assessment, Monitoring, and Reassessment policy dated July 21, 2021, read:<br>"2) The assessment must include an identification and review of all medications the resident is known to be taking;<br>3) The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address those issues; and<br>4) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. **"diversion of medication" means misuse, theft, or illegal or improper disposition of medications."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01700 | | |

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| 01760 | Continued From page 17 | 01760 | | |
| 01760 SS=F | 144G.71 Subd. 8 Documentation of administration of medication<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to administer medication per provider orders for one of two residents (R3).<br><br>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 impacted to has the potential to impact a large portion or all of the residents).<br><br>The findings include:<br><br>R3 was admitted on February 6, 2025, and began receiving assisted living services. | 01760 | | |

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| 01760 | Continued From page 18<br><br>R3's record included a Service Agreement signed on February 6, 2025, indicating R3's services included housekeeping and laundry, medication administration, diabetic management, and assistance with dressing and compression garments.<br><br>R3's record included a physician order dated February 14, 2025, indicating Novolog flexpen (aspart; a fast-acting insulin) - inject 6 units three times a day. HOLD IF RESIDENT IS NOT EATING OR IF BLOOD GLUCOSE LEVEL IS LESS THAN 100.<br><br>R3's record included a Medication Administration record dated March 2025, indicating R3 was administered Novolog insulin despite having blood glucose results outside of parameters ordered by the physician:<br>-March 3, 2025, at 8:00 a.m., for blood glucose of 69; and<br>March 3, 2025, at 11:30 a.m., for blood glucose 72.<br><br>On March 4, 2025, R1's record included an updated prescriber order changing the insulin order to read "Novolog flexpen 100 units/milliliter (insulin aspart). Inject 6 units three times daily. HOLD IF RESIDENT IS NOT EATING OR IF BLOOD GLUCOSE LEVEL IS LESS THAN 120.<br><br>R3's Medication Administration record dated March 2025, indicated R3 had been administered Novolog insulin despite having blood glucose results outside of parameters ordered by the physician:<br>-March 7, 2025, at 8:00 a.m., for blood glucose of 60;<br>-March 7, 2025, at 4:30 p.m., for blood glucose of 113; | 01760 | | |

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| 01760 | Continued From page 19<br><br>-March 9, 2025, at 8:00 a.m., for blood glucose of 110;<br>-March 10, 2025, at 4:30 p.m., for blood glucose of 110; and<br>-March 12, 2025, at 11:30 a.m., for blood glucose of 111.<br><br>On March 12, 2025, at 12:29 p.m., clinical nurse supervisor (CNS)-C stated they were aware that staff were administering insulin to R3 outside of physician-ordered parameters. CNS-C stated they were in the process of re-training staff.<br><br>The licensee's 7.24 Medication Error policy dated July 20, 2021, read "In the event an error occurs, staff will document, track, and resolve medication administration errors for quality improvement. Staff will be retrained if necessary."<br><br>No further information provided<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01760 | | |
| 02100 SS=F | 144G.82 Subd. 2 Additional requirements<br><br>(a) The licensee must follow the assisted living license requirements and the criteria in this section.<br>(b) The assisted living director of an assisted living facility with dementia care must complete and document that at least ten hours of the required annual continuing educational requirements relate to the care of individuals with dementia. The training must include medical management of dementia, creating and maintaining supportive and therapeutic environments for residents with dementia, and transitioning and coordinating services for | 02100 | | |

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| 02100 | Continued From page 20<br><br>residents with dementia. Continuing education credits may include college courses, preceptor credits, self-directed activities, course instructor credits, corporate training, in-service training, professional association training, web-based training, correspondence courses, telecourses, seminars, and workshops.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the licensed assisted living director (LALD)-A completed and documented 10 hours of annual continuing education related to the care of individuals with dementia.<br><br>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).<br><br>The findings include:<br><br>During the entrance conference on March 11, 2025, at 10:00 a.m., regional director of operations (RDO)-B stated he was the licensed assisted living director (LALD) of record for the facility as housing director (HD)-A was completing her exams for licensure. RDO-B stated they were current on continuing education (CE) requirements.<br><br>On March 12, 2025, at 2:50 p.m., RDO-B stated their CE records were located off-site, and they would email them to the surveyor the following | 02100 | | |

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| 02100 | Continued From page 21<br>day.<br><br>On March 13, 2025, at 7:50 a.m., the surveyor received and reviewed RDO-B's CE records and found that RDO-B's record lacked the required ten hours of continuing education in dementia care.<br><br>The licensee's 3.01 ALDC Additional Dementia Staff Training policy dated July 20, 2021, indicated the LALD would complete at least 10 hours of annual continuing education training related to the care of individuals with dementia. These ten hours of training would be included in the LALD's annual required hours of training. Training would include medical management of dementia, creating and maintaining supportive and therapeutic environments for residents with dementia, and transitioning and coordinating services for residents with dementia.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 02100 | | |
| 02170 SS=F | 144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA<br><br>(b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following:<br>(1) past and current interests;<br>(2) current abilities and skills;<br>(3) emotional and social needs and patterns;<br>(4) physical abilities and limitations;<br>(5) adaptations necessary for the resident to participate; and | 02170 | | |

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| 02170 | Continued From page 22<br><br>(6) identification of activities for behavioral interventions.<br>(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.<br>(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:<br>(1) occupation or chore related tasks;<br>(2) scheduled and planned events such as entertainment or outings;<br>(3) spontaneous activities for enjoyment or those that may help defuse a behavior;<br>(4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music;<br>(5) spiritual, creative, and intellectual activities;<br>(6) sensory stimulation activities;<br>(7) physical activities that enhance or maintain a resident's ability to ambulate or move; and<br>(8) outdoor activities.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure an individualized activities and preferences plan contained all required content for three of three residents (R2, R3, R4).<br><br>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 | 02170 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40399 | A. BUILDING: _____ B. WING _____ | 03/13/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUITE LIVING SENIOR CARE OF EDEN PRAIRI | 9360 HENNEPIN TOWN ROAD 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 |
|---|---|---|---|---|
| 02170 | Continued From page 23<br>or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>R2<br>R2 was admitted August 7, 2024, and began receiving assisted living services. R2's diagnoses included dementia and R2 resided in the secured dementia care unit.<br><br>R2's record included an Individual Activities Plan dated February 24, 2025.<br><br>R3<br>R3 was admitted September 19, 2022, and began receiving assisted living services. R5's diagnoses included dementia and R3 resided in the secured dementia care unit.<br><br>R3's record included an Individual Resident Activities Plan dated February 24, 2025.<br><br>R4<br>R4 was admitted on February 20, 2024, and began receiving assisted living services. R4's diagnoses included dementia and R4 resided in the dementia care unit.<br><br>R4's record included an Individual Resident Activities Plan dated February 24, 2025.<br><br>The activity assessments for R2, R3, and R4 lacked the following required content:<br>-emotional and social needs and patterns;<br>-adaptations necessary for the resident to participate;<br>-identification of activities for behavioral interventions;<br>-an individual activity plan based on the resident's | 02170 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 40399 | A. BUILDING: _____ B. WING _____ | 03/13/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUITE LIVING SENIOR CARE OF EDEN PRAIRI | 9360 HENNEPIN TOWN ROAD 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 |
|---|---|---|---|---|
| 02170 | Continued From page 24<br><br>activity evaluation; and<br>-a selection of daily structured and non-structured activities to be included on the residents' activity plan.<br><br>On March 12, 2025, at 11:01 a.m., the surveyor reviewed the activity plans with clinical nurse supervisor (CNS)-C. CNS-C stated the Individual Resident Activities Plan included both the activity assessment and activity plan for residents and this was the assessment tool used for all residents in dementia care. CNS-C stated the activity plans did not include all required information.<br><br>The licensee's 3.05 ALDC Life Enrichment Programs, Activities, and Outdoor Space policy dated July 20, 2021, indicated each resident would be evaluated for activities according to the licensing rules of the facility. Activity evaluations would include the following information:<br>-past and current interests;<br>-current abilities and skills;<br>-emotional and social needs and patterns;<br>-physical abilities and limitations;<br>-adaptations necessary for the resident to participate; and<br>-identification of activities for behavioral interventions.<br>The licensee's policy also indicated an individualized activity plan would be developed for each resident based on their activity evaluation and would in lude a selection of daily structured and non-structured activities.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 02170 | | |

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *03/11/25*
Time: 13:00:00
Report: 8041251033

# Food and Beverage Establishment Inspection Report



**Location:**
SUITE LIVING SENIOR CARE OF ED
9360 HENNEPIN TOWN ROAD
Eden Prairie, MN55347
Hennepin County, 27

**Establishment Info:**
ID #: 0043804
Risk:
Announced Inspection: No

**License Categories:**

Expires on: 12/31/24

**Operator:**

Phone #:
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.

The following orders were issued during this inspection.

**4-600 Cleaning Equipment and Utensils**

***4-601.11A*** ***** Priority 2 *****

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

BUILD-UP OF FOOD DEBRIS FOUND ON THE TABLE MOUNTED CAN OPENER BLADE. CORRECTED ON SITE.

*Comply By: 03/11/25*

**Surface and Equipment Sanitizers**

S/S Lactic Acid DDBSA: = 700ppm at Degrees Fahrenheit
Location: wiping cloth bucket
Violation Issued: No

Utensil Surface Temp.: = at 163 Degrees Fahrenheit
Location: dish machine
Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: 2 door cooler: deli ham
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: 2 door cooler: hard boiled egg
Violation Issued: No

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: 2 door cooler #2: meatball
Violation Issued: No

Type: Full
Date: *03/11/25*
Time: 13:00:00
Report: 8041251033
SUITE LIVING SENIOR CARE OF ED

# Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: 2 door cooler #2: liquid egg
Violation Issued: No

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

Inspection was completed with the food service manager, Sandra Bautch. Michelle Winters was the lead Health Regulation Division Nurse Evaluator.

This establishment has a commercial kitchen and prepares meals on site for residents. Establishment usually has a continental breakfast.

Discussed the following:
- Employee illness policy and logging requirements
- Handwashing
- Glove-use and bare hand contact
- Pest control
- Food storage and preventing cross contamination
- Restrictions concerning serving a highly susceptible population
- Vomit clean up process

**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 8041251033 of 03/11/25.

Certified Food Protection Manager: Sandra Bautch

Certification Number: fm76997 Expires: 02/15/27

**Inspection report reviewed with person in charge and emailed.**

Signed: _____

Sandra Bautch
Food Service Manager

Signed: Sarah Conboy

Sarah Conboy
Public Health San. Supervisor
651-201-3984
sarah.conboy@state.mn.us