Electronically Delivered

November 6, 2025

Licensee
Ecumen Seasons At Apple Valley
15359 Founders Lane
Apple Valley, MN 55124

RE: Project Number(s) SL30758016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 1, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.

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

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

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

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

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

If you have any questions, please contact me.

Sincerely,

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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30758	A. BUILDING: _____ B. WING _____	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN SEASONS AT APPLE VALLEY	15359 FOUNDERS LANE APPLE VALLEY, MN 55124

(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: SL30758016-0 On September 29, 2025, through October 1, 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 127 residents; 77 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
01880 SS=F	144G.71 Subd. 19 Storage of medications	01880		

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01880	Continued From page 1 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 the medication refrigerators maintained an acceptable temperature to ensure the medications were stored according to manufacturer's recommendations. 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 September 29, 2025, at 10:30 a.m., the surveyor reviewed the medication refrigerator with registered nurse (RN)-C and assistant executive director (AED)-B located in a locked nurse's station on third floor. The refrigerator door had a sign indicating the correct temperature range. The refrigerator thermometer read 48 degrees Fahrenheit (F) upon opening, which is out of range of safe storage of medication. AED-B stated she was aware the refrigerator temp was out of range and will have someone look at it. RN-C stated that the nurses usually check the temperature daily.	01880		

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01880	Continued From page 2 On September 30, 2025, at 10:00 a.m., RN-C stated that they determined the refrigerator had frozen up, and maintenance was working on thawing it out while the medication was relocated to a different refrigerator. The refrigerator contained nine unopened Novolog 100 units/ml (milliliter) insulin pens for R3 The manufacturer's instructions for Novolog insulin pens dated June 2021, indicated before opening store the insulin pens in the refrigerator (36-46 degrees F). Do not allow the Novolog to freeze. The licensee's Storage of Medications policy dated August 1, 2021, indicated the RN will identify in the resident's individualized medication management plan where the medications will be stored, how they will be secured or locked under proper temperature controls. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
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.	01890		

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01890	Continued From page 3 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medications for one of one resident (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 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: On September 30, 2025, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-H prepare to administer Novolog flexpen to R3. The surveyor observed the Novolog pen was not marked with an open date. ULP-H stated insulin pens are usually marked with the date it was opened, and this must have gotten missed. On September 30, 2025, at 10:00 a.m., registered nurse (RN)-C stated the ULP staff are trained to mark the insulin pens when opened. The manufacturer's instructions for Novolog insulin pens dated February 2023, directed to discard the pen 28 days after it had been opened and at room temperature. The license's Storage of Medications policy dated August 1, 2021, indicated that based on this	01890		

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01890	Continued From page 4 assessment, the RN will develop an individualized medication management plan for the resident that will address storage of the resident's medications. The policy does not address the need to mark date/time sensitive medications as required. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the	01910		

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01910	Continued From page 5 licensee failed to document in the resident's record the disposition of the medications as required for one of one resident (R1) upon discharge. 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: R1 started receiving services from the licensee on December 13, 2024. R1's service plan dated June 18, 2025, indicated R1 received medication management services from the licensee. R1's medical record included a discharge summary dated June 18, 2025, that included a note stated all medications were reconciled and sent R1's son. R1's record included a medication disposition form dated June 18, 2025, which included the name of the medication, the number of pills sent with the family, and the signature of the nurse and family member. The medication disposition form failed to include the strength of the medication, or the prescription number (RX) as required. On September 29, 2025, at 12:45 p.m., licensed	01910		

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01910	Continued From page 6 assisted living director (LALD)-A confirmed R1's medication disposition form did not contain RX numbers and stated she was aware of the requirement for filling out the form but was not aware that RX numbers and dosage was required. The licensee's Disposition or Disposal of Medications policy revised August 1, 2021, indicated documentation of the destruction, listing the date, quantity name of drug, prescription number, signature of person destroying the drugs and signature of witness to the destruction must be recorded and maintained in the client's (resident) record for two years. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
02410 SS=D	144G.91 Subd. 13 Personal and treatment privacy (a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan. (b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in	02410		

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02410	Continued From page 7 the resident's service plan. (c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, one of one unlicensed personnel (ULP-H) failed to provide privacy for R3 during medication administration. 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: R3's diagnoses included diabetes and unstable angina. R3's Service Plan with dated May 29, 2025, indicated R3 received services including medication administration. On September 30, 2025, at 8:00 a.m., the surveyor observed ULP-H administer Novolog flexpen to R3 according to his sliding scale	02410		

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02410	Continued From page 8 medication order. ULP-H brought the insulin pens into the dining room where R3 was seated at the table with three other residents waiting for breakfast to arrive. ULP-H stated that she was trained to wait until the food cart came up off the elevator before administering his insulin and then raised R3's shirt exposing part of the resident's abdomen to administer the insulin. On September 30, 2025, at 10:00 a.m., registered nurse (RN)-C stated the expectation is staff would respect the privacy of the resident and not administer injections in a public place. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02410		

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

ECUMEN SEASONS AT APPLE VALLEY
15359 FOUNDERS LANE
Apple Valley, MN 55124
Dakota County
Parcel:

Phone:

License Info

License: HFID 30758

Risk:
License:
Expires on:
CFPM: Gaozuapa Ly
CFPM #: FM890; Exp: 3/10/2028

Inspection Info

Report Number: F1004251171
Inspection Type: Full - Single
Date: 9/30/2025 Time: 12:00:00 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

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

DISCUSSED:
-EMPLOYEE ILLNESS POLICY AND LOG
-HANDWASHING
-SANITIZER USE AND TEST KITS
-CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
-HIGH TEMPERATURE SANITIZING DISH MACHINE TEMPERATURE VERIFICATION
-DATE MARKING PROCEDURES
-COOLING PROCEDURES
-REHEATING PROCEDURES
-THERMOMETER USE AND CALIBRATION
-SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
-USE OF PASTEURIZED EGGS
-VOMIT/FECAL INCIDENT CLEAN UP PROCEDURES (NOT DONE BY FOOD SERVICE STAFF)
-FOOD SOURCE
-RECEIVING DELIVERIES PROCEDURES
-FOOD SERVICE PROCEDURES
-PEST CONTROL
-PHYSICAL FACILITIES AND MAINTENANCE

*NO VIOLATIONS WERE OBSERVED DURING TIME OF INSPECTION

*REPORT WAS DISCUSSED WITH THE FOOD SERVICE MANAGER, GAO, AND WITH THE NURSE EVALUATOR, TRACEY.

*ESTABLISHMENT HAS A SEPARATE SERVER STATION THAT CONTAINS A MILK COOLER AND SOUP WELL AND A CAFE WITH GRAB AND GO OPTIONS THAT ARE REFRESHED DAILY.

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

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

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1004251171 from 9/30/2025

Molly Dougherty

Gao Ly
Food Service Manager

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

ECUMEN SEASONS AT APPLE VALLEY
Apple Valley
County/Group: Dakota County

Inspection Info

Report Number: F1004251171
Inspection Type: Full
Date: 9/30/2025
Time: 12:00:00 PM

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

Food Temperature: Product/Item/Unit: cut lettuce**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: diced tomato**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

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

Food Temperature: Product/Item/Unit: mashed potato**; Temperature Process:** Hot-Holding
Location: Steam Table at 178 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: cooked carrots**; Temperature Process:** Hot-Holding
Location: Steam Table at 172 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: ranch dressing**; Temperature Process:** Cold-Holding
Location: Standing Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: milk**; Temperature Process:** Cold-Holding
Location: Standing Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

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

Food Temperature: **Product/Item/Unit:** soup**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** turkey**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** milk**; Temperature Process:** Cold-Holding
Location: Server Station Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** soup**; Temperature Process:** Hot-Holding
Location: Server Station Soup Well at 163 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** ambient temperature**; Temperature Process:** Cold-Holding
Location: Cafe Grab-and-Go Cooler at <40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** cut watermelon**; Temperature Process:** Cold-Holding
Location: Cafe Grab-and-Go Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

ECUMEN SEASONS AT APPLE VALLEY
Apple Valley
County/Group: Dakota County

Inspection Info

Report Number: F1004251171
Inspection Type: Full
Date: 9/30/2025
Time: 12:00:00 PM

Sanitizing Chemical: **Product:** Lactic Acid**; Sanitizing Process:** Wiping Cloth Bucket
Location: Prep Area **Equal To** 704 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Lactic Acid**; Sanitizing Process:** Wiping Cloth Bucket
Location: Prep Area **Equal To** 704 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Lactic Acid**; Sanitizing Process:** Wiping Cloth Bucket
Location: Prep Area **Equal To** 704 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Lactic Acid**; Sanitizing Process:** Wiping Cloth Bucket
Location: Cook Line **Equal To** 704 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Lactic Acid**; Sanitizing Process:** Wiping Cloth Bucket
Location: Dishwashing Area **Equal To** 704 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Lactic Acid**; Sanitizing Process:** 3-Compartment Sink
Location: Dishwashing Area **Equal To** 704 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 164 Degrees F.
Comment: *Utensil surface temperature
Violation Issued?: No