Electronically Delivered

October 16, 2025

Licensee
Legacy Care Home
14814 Crown Drive
Minnetonka, MN 55345

RE: Project Number(s) SL27968016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 10, 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,

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

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27968	A. BUILDING: _____ B. WING _____	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY CARE HOME	14814 CROWN DRIVE MINNETONKA, MN 55345

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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: SL27968016-0 On September 8, 2025, through September 10, 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 six (6) residents; 6 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.	
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 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 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,	0 480		

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (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 (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, 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 9, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24	0 480		

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0 480	Continued From page 3 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline screening and testing for one of two employees (certified nursing assistant (CNA)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	0 660		

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0 660	Continued From page 4 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: The licensee's Facility TB Risk Assessment dated January 4, 2025, indicated the licensee was a low risk for TB. CNA-C was hired October 3, 2023, and began providing assisted living services. CNA-C's employee record included a TB history and symptom screen dated October 2, 2023, and documentation of a T-SPOT (TB blood test) completed on May 1, 2023. CNA-C's TB blood test was completed greater than 90 days prior to hire. On February 12, 2025, at 10:58 am., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated CNA-C's blood test was completed from a former employer and that they would have the test and screen updated. The Minnesota Department of Health (MDH) guidelines Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated employees may begin working with patients (residents) after a negative TB history and symptom screen (no symptoms of active TB disease) and a IGRA (a serum blood test) or TST (first step) dated within 90 days before hire.	0 660		

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0 660	Continued From page 5 The licensee's 8.16 Tuberculosis Screening policy dated August 1, 2021, indicated all new employees would have a TB blood test or a TST conducted with results documented on the Baseline TB Screening Tool for Health Care Workers. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's	01620		

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01620	Continued From page 6 needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessments were completed within the required 90-day timeframe for three of three residents (R1, R3, R4). 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	01620		

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01620	Continued From page 7 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 represents a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R1 R1 was admitted on March 1, 2025, and began receiving assisted living services. R1's record included a Service Plan signed March 1, 2025, indicating R1's services included assistance with dressing, grooming, bathing, toileting, and medication administration. R1's record included nursing assessments dated May 28, 2025, and August 28, 2025, indicating 92 days had passed between assessments. R3 R3 was admitted on March 10, 2019, under the licensee's former comprehensive license and began receiving assisted living services on August 1, 2021. R3's record included a Service Plan signed on January 10, 2022, indicating R3's services included dressing, grooming, bathing, toileting assistance, medication administration, and behavior management. R3's record included nursing assessments completed on March 26, 2025, and June 26, 2025, indicating 92 days had passed between assessments.	01620		

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01620	Continued From page 8 R4 R4 was admitted on August 3, 2022, and began receiving assisted living services. R4's record included a Service Plan signed on August 3, 2024, indicating R4's services included assistance with dressing, bathing, grooming, toileting, and medication administration. R4's record included nursing assessments completed on March 14, 2025, and June 14, 2025, indicating 92 days had passed between assessments. On September 9, 2025, at 1:38 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they were unaware their assessment schedule was going past 90 days, and they would adjust the assessment schedule. The licensee's 6.01 Assessments, Reviews, and Monitoring policy dated August 1, 2022, indicated ongoing monitoring and assessments would not exceed 90 calendar days from the date of the last review. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
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;	02170		

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02170	Continued From page 9 (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 by: Based on interview and record review, the licensee failed to conduct an evaluation for activities that addressed all provisions and failed to develop an individualized activity plan based on the evaluation, foroneof three residents (R1).	02170		

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02170	Continued From page 10 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 resident's are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: The facility had an assisted living with dementia care license, effective June 1, 2025, through May 31, 2026. R1 was admitted on March 1, 2025, and began receiving assisted living services. R1's diagnoses included, but were not limited to, vascular dementia, anxiety, and hemiplegia. R1's Uniform Assessment Tool dated June 26, 2025, page 4, titled "Leisure Activities" evaluation included current interests; however, lacked required documentation of the following: - current limitations; - current abilities and skills; - emotional and social needs and patterns; - physical abilities; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. In addition, R1's activity service or care plan lacked a selection of daily structured and non-structured activities as appropriate. On September 9, 2025, at 1:24 p.m., licensed assisted living director/clinical nurse supervisor	02170		

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02170	Continued From page 11 (LALD/CNS)-A stated they were aware of the requirements and were planning to revise residents' activity evaluations to include all required information. The licensee's Assisted Living with Dementia Care (ALFDC) Life Enrichment Programs, Activities, and Outdoor Space policy dated August 1, 2021, indicated licensee would strive to provide valuable activities and life enrichment programs for residents with Alzheimer's disease or other dementias. Furthermore, each resident would be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation would address the following: - past and current interests; - current limitations; - current abilities and skills; - emotional and social needs and patterns; - physical abilities; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. In addition, licensee would develop an individualized activity plan for each resident based on their activity evaluation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02170		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care	02310		

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02310	Continued From page 12 standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards for three of three residents (R1, R3, R4) who utilized hospital side rails. 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 by 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 the residents). The findings include: On September 9, 2025, at 8:25 a.m., the surveyor observed hospital beds with quarter side rails on both sides of beds in rooms for R1, R3, and R4. R1 R1 was admitted March 1, 2025, and began receiving assisted living services. R1's record included a Service Plan signed March 1, 2025, indicating R1's services included assistance with dressing, grooming, bathing, toileting, and medication administration. R1's record included a Side Rails Informed Consent and Release signed on March 1, 2025.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27968	A. BUILDING: _____ B. WING _____	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY CARE HOME	14814 CROWN DRIVE MINNETONKA, MN 55345

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02310	Continued From page 13 The form included a risk/benefit discussion and side rail measurements. R1's record included a progress note by a registered nurse dated March 1, 2025, that read "R1 has improved mobility with side rails. She is able to assist with turning side to side in bed while being changed using her side rails. Side rails measured - see side rail form. Side rail informed consent signed by guardian. Side rails are in good working condition". R1's nursing assessment dated May 28, 2025, included a handwritten note (page 12) by an RN that read "siderails: in good working condition. [R1] still uses them to assist with turning side to side to be changed in bed". Additionally, page 17 of the assessment included a check box indicating side rails were used. R1's nursing assessment dated August 28, 2025, included a checkbox (page 17) indicating side rails were used. The assessment lacked side rail measurements. R3 R3 was admitted on March 10, 2019, under the licensee's former comprehensive license and began receiving assisted living services on August 1, 2021. R3's record included a Service Plan signed on January 10, 2022, indicating R3's services included dressing, grooming, bathing, toileting assistance, medication administration, and behavior management. R3's progress notes dated November 11, 2024, and April 3, 2025, indicated R3's need for side	02310		

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	27968	A. BUILDING: _____ B. WING _____	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY CARE HOME	14814 CROWN DRIVE MINNETONKA, MN 55345

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02310	Continued From page 14 rails for bed mobility and included measurements of side rails. R3's nursing assessment dated December 26, 2024, and included a checkbox (page 17) indicating side rails were used. The assessment lacked side rail measurements. R3's record included a Side Rails Informed Consent and Release signed on March 5, 2025. The form included a risk/benefit discussion and side rail measurements. R3's nursing assessment dated March 26, 2025, included a note (page 16) that read "Siderails: [R3] has an assessed need for siderails. See note." R3's record lacked a corresponding note or side rail measurements. Additionally, the assessment included a checkbox (page 17) indicating side rails were used. R3's nursing assessment dated June 26, 2025, included a note (page 16) that read "[R3] continues to use siderails to assist with rolling side to side and sitting up in bed. Side rails in good working condition". Additionally, the assessment included a checkbox (page 17) indicating side rails were in use. The assessment lacked side rail measurements. R4 R4 was admitted on August 3, 2022, and began receiving assisted living services. R4's record included a Service Plan signed on August 3, 2024, indicating R4's services included assistance with dressing, bathing, grooming, toileting, and medication administration.	02310		

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	27968	A. BUILDING: _____ B. WING _____	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY CARE HOME	14814 CROWN DRIVE MINNETONKA, MN 55345

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02310	Continued From page 15 R4's record included a Side Rails Informed Consent and Release signed on November 3, 2022. The form included a risk/benefit discussion and side rail measurements. The form also included a second set of side rail measurements dated November 11, 2024, and February 11, 2025. R4's record included progress notes dated November 11, 2024, and April 3, 2025, which included side rail measurements and indications for use. R4's nursing assessment dated December 14, 2024, included a checkbox (page 17) indicating siderails were in use. R4's nursing assessment dated March 14, 2025, included a note (page 16) that read "side rails: [R4] has an assessed need for side rails". The assessment also included a checkbox (page 17) indicating side rails were in use. R4's nursing assessment dated June 14, 2025, included a note (page 18) that read" [R4] continues to use side rails to turn self from side to side in bed and boost herself up in bed, siderails in good working order". The assessment lacked siderail measurements of zones of entrapment. On September 9, 2025, at 1:38 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they were not sure if they were capturing all required side rail assessment information as they didn't have a standard assessment form. The Food and Drug Administration (FDA's), A	02310		

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02310	Continued From page 16 Guide to Bed Safety, dated October 2000, and revised April 2010, indicated following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently-Asked Questions (FAQs) indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail; - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks);	02310		

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02310	Continued From page 17 - The resident's preferences; - Installation and use according to manufacturer's guidelines; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". Additionally, the MDH website indicated for hospital-style bed rails, the licensee must include in their documentation, the bed rail measurements and that the bed rail has not shifted and is securely attached to the bed frame per manufacturer recommendations. The licensee's 6.28 Siderails policy dated August 1, 2021, indicated side rail evaluations would include the intended purpose of the rail, risk and benefit discussions, and measurement of entrapment zones No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	02310		

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

Food & Beverage Inspection Report

Establishment Info

LEGACY CARE HOME
14814 CROWN DRIVE
Minnetonka, MN 55345
Hennepin County
Parcel:

Phone:

License Info

License: HFID 27968

Risk:
License:
Expires on:
CFPM: Aishia R. Easley
CFPM #: 124304; Exp: 7/9/2027

Inspection Info

Report Number: F8041251118
Inspection Type: Full - Single
Date: 9/9/2025 Time: 12:30 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery: Emailed

! **New Order: 3-300B Protection from Contamination: cross-contamination, eggs**
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: UNPASTEURIZED SHELL EGGS STORED ABOVE READY-TO-EAT FOODS IN THE REFRIGERATOR. CORRECTED ON SITE. EGGS WERE MOVED TO THE BOTTOM SHELF.
Comply By: 9/9/2025 Originally Issued On: 9/9/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.12B *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.
COMMENT: FACILITY DID NOT HAVE A FOOD THERMOMETER AT TIME OF INSPECTION. CORRECTED ON SITE. THERMOMETER PROVIDED BY NEIGHBORING FACILITY DURING INSPECTION.
Comply By: 9/9/2025 Originally Issued On: 9/9/2025

Food & Beverage General Comment

Inspection was completed with Cat Hemp and Aishia Easley. Michelle Winters was the lead Health Regulation Division Nurse Evaluator. Facility had 6 residents at time of inspection.

The kitchen has cabinets on stainless 6 inch legs with a solid surface countertop, tile flooring, a separate sink for handwashing and commercial refrigeration.

Establishment has an NSF residential Whirlpool dishwasher that achieved a temp at least 160F for sanitizing dishes.

Discussed the following:
-Employee illness policy and logging requirements
-Reporting foodborne illness complaints to the health dept.
-Handwashing
- Date marking
-Glove-use and bare hand contact

-Proper food storage
-Vomit clean-up procedures
-Restrictions concerning serving a highly susceptible population

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 F8041251118 from 9/9/2025

Cat Hemp
Director of Nursing

Sarah Conboy,
Public Health Sanitarian Supervisor
651-201-3984
sarah.conboy@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

LEGACY CARE HOME
Minnetonka
County/Group: Hennepin County

Inspection Info

Report Number: F8041251118
Inspection Type: Full
Date: 9/9/2025
Time: 12:30 PM

Food Temperature: Product/Item/Unit: chicken salad**; Temperature Process:** Cold-Holding
Location: refrigerator at 39 Degrees F.
Comment:
Violation Issued?: No

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