Electronically Delivered

June 17, 2025

Licensee
York Gardens Senior Living
3451 Parklawn Avenue
Edina, MN 55435

RE: Project Number(s) SL30779016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 7, 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 . . ."

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 may be 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:

0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **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

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

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 the Department of Health 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,

Renee L. Anderson

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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30779	A. BUILDING: _____ B. WING _____	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YORK GARDENS SENIOR LIVING	3451 PARKLAWN AVENUE EDINA, MN 55435

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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: SL30779016-0 On May 5, 2025, through May 7, 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 73 residents; 70 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, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 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 May 5, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control. The licensee failed to ensure proper cleaning of shared medical equipment for three of three employees (unlicensed personnel (ULP)-D, ULP-E, ULP-H), and ensure direct care staff appropriately gloved and performed adequate hand hygiene, for two of four employees (ULP-D, ULP-G). 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	0 510		

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0 510	Continued From page 4 has affected or has the potential to affect a large portion or all of the residents). The findings include: ULP-D, ULP-E, ULP-G, ULP-H were hired January 5, 2021, February 17, 2025, March 30, 2012, and August 18, 2020, respectively, to provide direct cares and services to residents. CLEANING OF SHARED EQUIPMENT On May 5, 2025, at 1:40 p.m., ULP-E was observed to bring the shared EZ stand mechanical lift down the hallway to R5's apartment. ULP-E did not clean the lift prior to being used for R5. R5 was lying supine in her bed. ULP-D and ULP-E assisted R5 to transfer from the bed to the toilet, using the EZ stand mechanical lift. After toileting and cares, ULP-D and ULP-E assisted R5 with a second transfer from the toilet the R5's wheelchair. Finally, ULP-E moved the shared mechanical lift back into the hallway. On May 5, 2025, at 1:55 p.m. ULP-D stated the EZ stand mechanical lift was shared between all residents requiring a mechanical lift for transfers in the secure care area. ULP-D stated she believed the EZ stand mechanical lift would be cleaned once per shift. On May 6, 2025, at 7:14 a.m., ULP-H moved the EZ stand mechanical lift from the hallway into R2's apartment. The surveyor observed ULP-H assist R2 to transfer from R2's bed to the toilet and after cares, back to her wheelchair before breakfast. The surveyor did not observe ULP-H clean the lift either prior to, or after being used to transfer R2. ULP-H stated the employees wiped the EZ stand down every shift but was not able to	0 510		

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0 510	Continued From page 5 show the surveyor where this instruction was documented. HAND HYGIENE ULP-D On May 6, 2025, from 8:18 a.m., through 8:42 a.m., ULP-D was observed to assist R5 with personal cares. ULP-D entered R5's room wearing gloves. ULP-D verbalized to the surveyor she had just washed her hands prior to arriving at R5's apartment. ULP-D assisted R5 with a transfer to the toilet using the EZ stand mechanical lift. ULP-D obtained a washcloth and assisted R5 with toileting and peri cares. ULP-D doffed (removed) gloves, and without performing hand hygiene, donned clean gloves. ULP-D picked up the garbage from R5's apartment and brought the garbage bag to the trash room in the hallway. ULP-D then doffed gloves in the kitchen area of the secure care unit and rinsed her hands for approximately 5 seconds with only running water and did not use soap. On May 6, 2025, at 8:52 a.m., ULP-D stated she was trained to wash her hands with soap and water for at least 20 seconds between cares. ULP-D verbalized, when asked by surveyor, that she realized she only rinsed her hands and did not complete full hand hygiene. The surveyor then observed ULP-D go back to the kitchen and sink and completed hand hygiene with soap and water for 20 seconds. On May 6, 2025, at 8:58 a.m., clinical nurse supervisor (CNS)-B stated the ULPs were instructed to wash hands between cares and sanitize shared medical equipment before each use. ULP-G	0 510		

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0 510	Continued From page 6 On May 7, 2025, at 9:04 a.m., through 9:30 a.m., the surveyor observed ULP-G assist R7 with toileting and cares. ULP-G knocked, entered R7's room, and without washing or sanitizing hands, donned clean gloves. ULP-G assisted R7 to transfer from the bed to the toilet, using the EZ stand mechanical lift. ULP-G assisted R7 with washing her face, back, under arms, and placed deodorant under arms. ULP-G removed the soiled gloves, and without washing or sanitizing hands, donned a clean pair of gloves. ULP-G removed R7's soiled incontinent brief, and placed a clean brief onto R7's legs. ULP-G lifted R7 to a standing position using the mechanical lift, assisted with peri cares, and pulled the clean brief up into place. Without changing gloves or performing hand hygiene, ULP-G transferred R7 with the EZ stand mechanical lift from the toilet to the wheelchair. Wearing the soiled gloves, ULP-G brushed R7's hair with her hairbrush and then moved R7 in her wheelchair to the table in her apartment for her breakfast. ULP-G gathered the trash, exited R7's room, and walked down the hallway to the room containing a trash receptacle. Wearing soiled gloves, ULP-G lifted the washing machine lid and placed laundry into the washing machine. ULP-G then doffed the soiled gloves, and washed her hands at the sink, with soap and water, for 7 seconds. On May 7, 2025, at 9:30 a.m., ULP-G stated, "okay," she had not completed hand hygiene or a glove change after assisting R7 with peri cares. ULP-G verbalized she had been trained to complete hand hygiene between cares. On May 7, 2025, at 10:20 a.m., CNS-B stated all employees had been trained by the RN on handwashing technique. CNS-B further stated they should have washed hands for at least 20	0 510		

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0 510	Continued From page 7 seconds before and after working with residents, and between glove changes. CNS-B verbalized she planned to complete more education with the employees on infection control. The Centers for Disease Control and Prevention (CDC) guidance titled CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated November 29, 2022, indicated shared medical equipment such as blood pressure cuffs should be cleaned and reprocessed (disinfected or sterilized) prior to use on another patient or when soiled. The CDC guidance further indicated healthcare personnel (HCP) should perform hand hygiene immediately before touching a patient, after touching a patient or the patient's immediate environment and immediately after glove removal. The licensee's Hand Washing Procedure dated November 20, 2020, included "Hand hygiene is one of the most important ways to prevent the spread of infections. 1. General indications for hand washing: -Before and at the end of the shift -Before and after any resident contact -After assisting residents in the bathroom and/or changing incontinent products -After removal of gloves -Between clean and dirty procedures -After contact, or potential contact with any blood or body fluid, with a source microorganism (body fluids and substances, mucous membranes, non-intact skin, inanimate objects that are likely to be contaminated (e.g., contaminated equipment, dressings, soiled linens, etc.) -Before and after eating or smoking -Before serving any food -After using the restroom	0 510		

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0 510	Continued From page 8 -Don't forget to wash hands of clients that meet indications for hand washing. -After assisting with feces to protect against transmission of C Diff." The licensee's Gloves - Procedures for Using policy reviewed August 1, 2021, indicated, "Gloves are to be worn whenever there may be direct contact between the caregiver's hands and blood, body fluids, non-intact skin, secretions, feces, or a contaminated item or surface, such as soiled linens or wound dressings. Gloves will be removed carefully and disposed of in a proper container. In addition, included, "PROCEDURE: 1. Wash Hands 2. Apply gloves to both hands 3. Remove contaminated materials 4. Place materials in proper receptacle - such as biohazardous waste for wound care dressings with dripable {sic} or squishable blood/fluids. 5. Remove gloves by: -Grasping cuff of one glove and pulling it off, turning it inside out -With ungloved hand tuck finger inside cuff of remaining glove and pull off, turning inside out 6. Dispose of in proper receptacle 7. Rewash hands 8. Do not re-use disposable gloves." The licensee's Disinfecting of Reusable Equipment and Surfaces policy reviewed August 1, 2021, indicated, "Equipment: After using reusable equipment, the equipment must be cleaned and returned to the place that it is stored. The Director of Health Services (DHS) will provide manufacturer directions when appropriate to ensure proper equipment maintenance. 1. Gather equipment 2. Put on gloves	0 510		

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0 510	Continued From page 9 3. Follow Standard Precautions as indicated 4. Clean any obvious soiled material with paper towels and soapy water -Dispose of paper towels in clients' household trash unless considered contaminated waste 5. Unplug electrical equipment during cleaning/disinfection process 6. Spray equipment with premixed solution of 1:10 bleach solution or use disinfection solution or wipes approved by the DHS -Bleach solution is made daily -Equipment may also be submerged into a basin filled with disinfection solution per manufacturer directions. Discard disinfecting solution in the toilet when completed. 7. Remove gloves 8. Allow the equipment to air dry 9. Return the equipment to proper storage location 10. If client has antibiotic resistant or similar infection reusable equipment will be left in the client's room. This may include equipment purchased by client or property of [Licensee]. Equipment will be disinfected on a regular basis and when it leaves the client's room." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual	01500		

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01500	Continued From page 10 training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30779	A. BUILDING: _____ B. WING _____	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YORK GARDENS SENIOR LIVING	3451 PARKLAWN AVENUE EDINA, MN 55435

(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
01500	Continued From page 11 (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received at least eight (8) hours of annual training including required content, for each 12 months of employment for one of three employees (registered nurse (RN)-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 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: RN-C was hired on February 20, 2023, and provided direct nursing cares for residents. On May 5, 2025, at 11:25 a.m., the surveyor observed RN-C completing medication checks on the second floor for some the licensee's residents. RN-C's employee record indicated annual training	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30779	A. BUILDING: _____ B. WING _____	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YORK GARDENS SENIOR LIVING	3451 PARKLAWN AVENUE EDINA, MN 55435

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01500	Continued From page 12 was completed in November 2024 and January 2025. RN-C's record lacked documentation the following required topics were completed since February 21, 2023: -review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases. On May 6, 2025, at 9:07 a.m., licensed assisted living director (LALD)-A stated she was not able to find evidence that RN-C completed infection control training since last completed February 21, 2023. The licensee's Required Training -Annual / Bi-Annual policy revised January 2025, indicated, "2. All assisted living direct-care employees will complete annual education on the following topics: a. Reporting of maltreatment of vulnerable adults b. Assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights c. Infection control techniques used in the home and implementation of infection control standards including: i. Review of hand washing techniques ii. Need for and use of protective gloves, gowns, and masks iii. Appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades iv. Disinfecting reusable equipment	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30779	A. BUILDING: _____ B. WING _____	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YORK GARDENS SENIOR LIVING	3451 PARKLAWN AVENUE EDINA, MN 55435

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01500	Continued From page 13 v. Disinfecting environmental surfaces vi. Reporting communicable diseases d. Effective approaches to use to problem solve when working with a resident's challenging behaviors e. Effective approaches for communication with residents who have dementia, Alzheimer's disease, or related disorders f. Review of the facility's policies and procedures relating to the provision of assisted living services and how to implement them g. Principles of person-centered planning and service delivery h. How person-centered planning and service delivery applies to direct support services provided by staff." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		

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

York Gardens Senior Living
3451 Parklawn Avenue
Edina, MN 55435
Hennepin County
Parcel:

Phone:

License Info

License: HFID 30779

Risk:
License:
Expires on:
CFPM: David Lavoie
CFPM #: FM44362; Exp: 9/7/2025

Inspection Info

Report Number: F1050251008
Inspection Type: Full - Single
Date: 5/5/2025 Time: 1:30:02 PM
Duration: 60 minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 2-400 Hygenic Practices
2-401.11B *Priority Level: Priority 3 CFP#: 6*
MN Rule 4626.0105B Food employees must use a closed beverage container within the food preparation or utensil washing areas.
COMMENT: OBSERVED EMPLOYEE CUP LEFT IN KITCHEN COOKING AREA WITHOUT A LID. DISCUSSED MN REQUIREMENTS AND ESTABLISHING EMPLOYEE AREA AND OR PROPERLY COVERING DRINK ITEMS. COMPLY WITH RULE ABOVE.

EMPLOYEE REMOVED CUP AND DISCARDED FROM KITCHEN DURING TIME OF INSPECTION 5/5/25.
Comply By: 5/5/2025 Originally Issued On: 5/5/2025

Food & Beverage General Comment

Announced inspection completed by MDH Andrew Spaulding and Katie Keogh on 5/5/25.

Discussed Illness policy, pest control, dry storage, food source, cleaning, ware washing, sanitizer use, temperature control, hand washing, gloves use. final cook temperatures, date marking and food handling procedures.

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 F1050251008 from 5/5/2025

Andrew V. Spaulding

Katie Keogh
Executive Director

Andrew Spaulding,
Public Health Sanitarian 2
651-201-5298
andrew.spaulding@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

York Gardens Senior Living
Edina
County/Group: Hennepin County

Inspection Info

Report Number: F1050251008
Inspection Type: Full
Date: 5/5/2025
Time: 1:30:02 PM

Food Temperature: Product/Item/Unit: Beef**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

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

New Record: Product/Item/Unit: ; Temperature Process:
Location: at Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Pasta Salad**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Soup**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

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

Food Temperature: Product/Item/Unit: Deli Meat**; Temperature Process:** Cold-Holding
Location: Reach-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Roast Beef**; Temperature Process:** Hot-Holding
Location: Steam Table at 173 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Ambient**; Temperature Process:** Cold-Holding
Location: Freezer at -3 Degrees F.
Comment:
Violation Issued?: No

<u>Equipment Temperature</u>: Product/Item/Unit: Ambient**; Temperature Process:** Cold-Holding
Location: Reach-in 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

York Gardens Senior Living
Edina
County/Group: Hennepin County

Inspection Info

Report Number: F1050251008
Inspection Type: Full
Date: 5/5/2025
Time: 1:30:02 PM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** High Temp Dishwasher
Location: Dishwashing Area **Equal To** 163 Degrees F.
Comment:
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F1050251008

Food Establishment Inspection Report

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

No. of Risk Factor/Intervention/Violations	1	Date: 5/5/2025
No. of Repeat Risk Factor/Intervention/Violations		Time: 1:30:02 PM
Score (optional)		Dur: 60 min

Establishment:	Address:	City/State:	Zip:	Phone:
York Gardens Senior Living	3451 Parklawn Avenue	Edina, MN	55435	
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 30779		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	IN	Certified Food Protection Manager		
	Employee Health			
3	IN	knowledge, responsibiities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
	Good Hygienic Practices			
6	OUT	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	N/O	Hands clean and properly washed		
9	IN	No bare hand contact with RTE foods, alternatives		
10	IN	Adequate handwashing sinks supplied and access		
	Approved Source			
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	IN	Food in good condition, safe & unadulterated		
14	N/A	Records available: shellstock tags, parasite dest.		
	Protection From Contamination			
15	IN	Food separated and protected		
16	IN	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned,& unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	N/A	Proper cooking time & temperatures		
19	N/O	Proper reheating procedures for hot holding		
20	N/A	Proper cooling time and temperature		
21	IN	Proper hot holding temperatures		
22	IN	Proper cold holding temperatures		
23	IN	Proper date marking & disposition		
24	N/A	Time as public health control;procedures & record		
	Consumer Advisory			
25	N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
26	N/A	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	N/A	Food additives; approved & properly used		
28	IN	Toxic substances properly identified;stored;used		
	Conformance with Approved Procedures			
29	N/A	Compliance with variance, specialized processes & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

			COS	R
		Safe Food and Water		
30	N/A	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34	N/O	Plant food properly cooked for hot holding		
35	IN	Approved thawing methods used		
36		Thermometers provided & accurate		
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present; no unauthorized person		
39		Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
		Proper Use of Utensils		
43		In-use utensils; Properly stored		
44		Utensils, equipment & linens; properly stored, dried, handled		
45		Single-use & single-service articles, properly stored and used		
46		Gloves used properly		
		Utensils, Equipment and Vending		
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, used; test strips		
49		Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities; properly constructed, supplied & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing and plan review		

Person in Charge (signature)

Inspector (signature) *Andrew V. Spaulding*

Follow-up: No Follow-up Date: