Electronically Delivered

January 16, 2026

Licensee
Brookview Cottage
4359 Bent Tree Lane
Eagan, MN 55123

RE: Project Number(s) SL35992016

Dear Licensee:

On December 30, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on October 29, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

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

HHH

Electronically Delivered

November 21, 2025

Licensee
Brookview Cottage
4359 Bent Tree Lane
Eagan, MN 55123

RE: Project Number(s) SL35992016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 29, 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.

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;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

pursuant to this survey:

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,000.00**. 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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
	35992	A. BUILDING: _____ B. WING _____	10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKVIEW COTTAGE	4359 BENT TREE LANE EAGAN, MN 55123

(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: SL35992016-0 On October 27, 2025, through October 29, 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 four residents; four receiving services under the Assisted Living Facility with Dementia Care license. 1290: An immediate correction order was issued on October 28, 2025, at a level 3/Widespread (I). The licensee took immediate action; however, the scope and level remain at I. 1310: An immediate correction order was issued on October 27, 2025, at a level 2/Widespread (F). The licensee took immediate action; however, the scope and level remain at F.	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.	

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0 775	Continued From page 1	0 775		
0 775 SS=E	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain facility in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect some residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On October 29, 2025, from approximately 11:10 a.m. to 12:40 p.m., the surveyor toured the facility with licensed assisted living director/registered nurse (LALD/RN)-A. During the tour the surveyor observed the following: A space heater was present in resident room 5. This portable space heater may pose a fire risk and should not be supplied in resident rooms. A multiplug adapter was present in resident room	0 775		

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0 775	Continued From page 2 5 powering four devices including a space heater, charging cords and other appliances. The supplied multiplug adapter is not approved and may pose fire hazard. Unapproved adapter should be removed. LALD/RN-A acknowledged the unapproved adapter should be removed. TIME PERIOD FOR CORRECTION: Two (2) days	0 775		
0 800 SS=B	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level one violation (a violation that will cause only minimal impact on the client and does not affect health or safety) and was issued at a pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved,	0 800		

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0 800	Continued From page 3 or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On October 29, 2025, from approximately 11:10 a.m. to 12:40 p.m., the surveyor toured the facility with licensed assisted living director/registered nurse (LALD/RN)-A. During the tour the surveyor observed the following: An exterior hose spigot was continuously running with a steady dribble of water. LALD/RN-A attempted to turn the spigot off but was not able to shut off the water. LALD/RN-A stated they were concerned about the water flow especially given the upcoming cold weather and contacted a plumbing company to repair the spigot. LALD/RN-A acknowledged the noted deficiency during the tour and expressed that they would correct the deficiencies. LALD/RN-A called a plumber during the tour and scheduled an appointment with company. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for	0 810		

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0 810	Continued From page 4 residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content. This had the potential to directly affect all residents, staff, and visitors. 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	0 810		

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0 810	Continued From page 5 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On October 29, 2025, at approximately 12:15 p.m., licensed assisted living director/registered nurse (LALD/RN)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. The licensee's FSEP failed to include the following: The FSEP failed to include appropriate resident actions to take during a fire or similar emergency. LALD/RN-A stated verbal training is provided but no written policy has been created. The FSEP must include fire procedures for residents. The FSEP failed to include records of employee training on the FSEP upon hire and at least twice a year thereafter. No records were provided on staff training on the FSEP outside of fire drills. All employees should be provided FSEP training at least twice a year and upon hire. The FSEP failed to include records of resident training on the FSEP being offered at least once a year. No records were provided on resident training. Residents should be offered training on the FSEP at least once a year and those trainings should be documented. During an interview on October 29, 2025, at approximately 12:30 p.m., the surveyor explained	0 810		

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0 810	Continued From page 6 the requirements for site specific policies and FSEP documentation. LALD/RN-A stated they understood the requirements. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 830 SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to follow applicable state and local laws, regulations, standards, ordinances, and codes related to smoking indoors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).	0 830		

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0 830	Continued From page 7 The findings include: On October 27, 2025, at 9:45 a.m. during the facility tour with housing manager (HM)-B, the surveyor observed a home with an attached garage. The garage contained a smoking receptacle at the door which leads to the kitchen. Upon opening the door to the garage, there was a strong odor of cigarette smoke. The surveyor asked if residents used the garage to smoke. HM-B stated the garage receptacle was used by all staff, and the residents go outside to the back patio to smoke. The licensee's Smoking/Tobacco Use Policy dated August 1, 2021, indicated smoking use is on the back deck only. The Minnesota Department of Health's Minnesota Clean Indoor Air Act (MCIAA) amendment effective on August 1, 2019, noted smoking was prohibited indoors of all public places to include health care facilities and clinics. MCIIA defined "Indoor Area" to be "a space between a floor and a ceiling that is at least half enclosed by walls, doorways or windows (open or closed) around the perimeter. A wall includes retractable dividers, garage doors, plastic sheeting or any other temporary or permanent physical barrier." State statute 144.414 Prohibitions; Subdivision 3 Health care facilities and clinics. (a) Smoking is prohibited in any area of a hospital, health care clinic, doctor's office, licensed residential facility for children, or other health care-related facility, except that a patient or resident in a nursing home, boarding care facility, or licensed residential facility for adults may smoke in a designated separate, enclosed room maintained	0 830		

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0 830	Continued From page 8 in accordance with applicable state and federal laws. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 830		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to:	01060		

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01060	Continued From page 9 (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide a written notice with the required content for an emergency relocation for the licensee's one resident (R4) who was hospitalized. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R4 started receiving services on November 5, 2020, with a diagnosis including major depressive disorder and diabetes. R4's Master Care Plan dated August 12, 2025,	01060		

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01060	Continued From page 10 indicated the resident received services including medication administration. R4's record included an after-visit summary for a hospital stay from June 13, 2025, through June 20, 2025, for pneumonia. R4's record lacked evidence of a written notice provided to the resident, the resident's legal representative, and designated representative that contained, at a minimum: - the reason for the relocation. - the name and contact information for the location to which the resident had been relocated and any new service provider. - contact information for the Office of Ombudsman for Long-Term Care (OOLTC); - if known and applicable, the approximate date or range of dates within which the resident was expected to return to the facility, or a statement that a return date was not currently known; and a statement that, if the facility refused to provide housing or services after a relocation, the resident had the right to appeal and the contact information for the agency to which the resident may submit an appeal. In addition, R4's record lacked evidence of a written notice provided to the Office of Ombudsman for Long-Term Care after a relocation lasted longer than four days. On October 28, 2025, at 11:45 a.m., licensed assisted living director/registered nurse (LALD/RN)-A stated she was not aware the emergency relocation process included admissions to the hospital and has not been doing it.	01060		

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01060	Continued From page 11 The licensee's Emergency Relocation Policy dated October 15, 2022, indicated that in the event of an emergency relocation, the licensee will provide a written notice that contains, at a minimum: a. The reason for the relocation b. The name and contact information for the location to which the resident has been relocated and any new service provider c. Contact information for the Office of Ombudsman for Long-Term Care d. If known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known, and a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01060		
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35992	A. BUILDING: _____ B. WING _____	10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKVIEW COTTAGE	4359 BENT TREE LANE EAGAN, MN 55123

(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
01290	Continued From page 12 this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure they received a background study (BGS) clearance from NETStudy 2.0 (web-based system use to submit BGS requests to the Department of Human Services (DHS)) in affiliation with the assisted living with dementia care licensee's health facility identification number (HFID) 35992 for two of six employees (housing manager (HM-B)), registered nurse (RN-D). This has the potential to affect all residents residing within the facility and resulted in an immediate correction order on October 28, 2025. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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 potential to affect a large portion or all of the residents). The findings include: HM-B HM-B was hired on April 23, 2020, to provide direct care services for the facility. On October 27, 2025, at 11:15 a.m., the surveyor observed HM-B independently administering	01290		

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	35992	A. BUILDING: _____ B. WING _____	10/29/2025

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BROOKVIEW COTTAGE	4359 BENT TREE LANE EAGAN, MN 55123

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01290	Continued From page 13 afternoon medication to R3 and R5. RN-D RN-D was hired on May 4, 2021, to provide on-call nursing services for the licensee, and thus having independent access to resident private health information. On October 28, 2025, at 9:45 a.m., the surveyor reviewed the Minnesota Board of Nursing online verification site showing that RN-D was issued a RN license effective August 20, 1986. On October 28, 2025, the surveyor reviewed the licensee's NETStudy 2.0 roster for HFID 35992 and compared it with the licensee's current staff roster. The NETStudy 2.0 roster indicated HM-B's and RN-D's BGS was affiliated with the licensee on June 30, 2021, and July 17, 2021, respectively, and read COVID-19 study expired on December 31, 2022, for both. Under the column labeled fingerprints, HM-B and RN-D's column was blank, indicating finger printing had not been completed. On October 28, 2025, 9:45 a.m., licensed assisted living director/registered nurse (LALD/RN)-A reviewed the NETStudy 2.0 roster with the surveyor and agreed that fingerprinting had not been completed and stated she had forgotten to complete it. The licensee's Background Studies policy dated August 1, 2021, indicated: -Using the MN DHS NETStudy online program, (licensee name) will initiate a background study on all employees being considered for hire. -If hired prior to receiving the results of the background study, or the tentative background	01290		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKVIEW COTTAGE	4359 BENT TREE LANE EAGAN, MN 55123

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01290	Continued From page 14 study results indicate more time is needed requiring supervision, new hires shall not be permitted to interact or provide services to tenants or clients of (licensee name) except under the direct supervision (eyesight) of another qualified staff person. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate The licensee took immediate action to mitigate risk; however, the scope and level remains at I.	01290		
01310 SS=F	144G.60 Subd. 3 Licensed health professionals and nurses (a) Licensed health professionals and nurses providing services as staff members of a licensed facility must possess a current Minnesota license or registration to practice. (b) Licensed health professionals and registered nurses must be competent in assessing resident needs, planning appropriate services to meet resident needs, implementing services, and supervising staff if assigned. (c) Nothing in this section limits or expands the rights of nurses or licensed health professionals to provide services within the scope of their licenses or registrations, as provided by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN), who was providing services as an employee of the licensed facility, had a current Minnesota license or registration to practice, for one of one	01310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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BROOKVIEW COTTAGE	4359 BENT TREE LANE EAGAN, MN 55123

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01310	Continued From page 15 employee (RN-C). This had the potential to affect all residents and staff. This resulted in an immediate correction order issued on October 27, 2025. 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: On October 27, 2025, at 10:15 a.m. during the entrance conference, housing manager (HM)-B stated that they had two RNs working Monday through Friday. HM-B stated that licensed assisted living director/registered nurse (LALD/RN)-A took call 6:00 a.m. through 6:00 p.m. and RN-C took over call 6:00 p.m. through 6:00 a.m. Monday through Friday. HM-B stated there were two other RNs that provided on-call coverage for the weekend hours as needed for the licensee. RN-C was hired on April 11, 2022, and was on call in the evenings for the licensee's residents. On October 27, 2025, at 1:07 p.m., the surveyor reviewed the Minnesota (MN) Board of Nursing online licensure verification system which lacked evidence RN-C held a Minnesota RN license. On October 27, 2025, at 1:14 p.m., LALD/RN-A emailed QuickConfirm License Verification	01310		

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BROOKVIEW COTTAGE	4359 BENT TREE LANE EAGAN, MN 55123

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01310	Continued From page 16 Report for RN-C indicating she had a multistate license. The form indicated that RN-C was licensed in Florida with a multistate license. The bottom of the form lists a table titled where can the nurse practice. The table lists multiple states but does not list Minnesota as a state that it is okay to practice. LALD/RN-A confirmed the findings. The Minnesota Board of Nursing Border State License Recognition Fact Sheet dated July 28, 2025, indicated "other state's nursing licenses including a license labeled "multi-state", are not valid in Minnesota, except under identified legal circumstances." The licensee's Staffing Requirements-licensed nurse and unlicensed personnel (ULP) policy dated August 1, 2022, indicated Licensed health professionals and nurses providing services as employees of a licensed facility must possess a current Minnesota license or registration to practice. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate The licensee took immediate action to mitigate risk; however, the scope and level remains at F.	01310		
01880 SS=F	144G.71 Subd. 19 Storage of medications 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.	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01880	Continued From page 17 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 October 27, 2025, at 9:45 a.m., the surveyor toured the facility with housing manager (HM)-B including a review of the refrigerator in the lower-level kitchenette. The refrigerator contained a clear locked box used for refrigerated medication. Upon opening the refrigerator, the temperature read 34 degrees. HM-B stated they check refrigerator temperatures daily but was unaware the temperature was too low. The refrigerator contained one box of Mounjaro insulin pens for R4. The manufacturer's instructions for Mounjaro insulin pens dated May 2024, indicated store in the refrigerator between 36 degrees to 46 degrees Fahrenheit (F). The pen cannot be frozen.	01880		

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01880	Continued From page 18 The licensee's Medication Storage policy dated August 1, 2021, indicated medications would be stored consistent with manufacturer's recommendations (refrigerated, room temperature, or frozen). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
02140 SS=F	144G.83 Subd. 3 Supervising staff training Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia, including: (1) two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field; and(2) completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the designated person overseeing staff training in the care of individuals with dementia (licensed assisted living director/registered nurse (LALD/RN)-A), had documented evidence of competency or knowledge test required by the commissioner. This had the potential to affect all residents and staff of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or	02140		

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02140	Continued From page 19 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: The facility was licensed as an Assisted Living Facility with Dementia Care. During the entrance conference on October 27, 2025, at 10:15 a.m., housing manager (HM)-B stated LALD/RN-A oversaw the dementia care training for staff. On October 28, 2025, at 11:00 a.m., LALD/RN-A stated she misunderstood a tag (citation) from another facility and was not aware of the requirement. The licensee's ALDC (assisted living dementia care) Additional Dementia Staff Training policy dated August 1, 2021, noted persons conducting dementia training will be qualified to train in the care of individuals with dementia. Qualifications will include two years or work experience related to Alzheimer's disease or other dementias, or in other health care, gerontology, or another related field, and has completed and passed training approved by the Minnesota Department of Health (MDH). No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02140		

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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

Brookview Cottage Inc
4359 Bent Tree Lane
Eagan, MN 55123
Dakota County
Parcel:

Phone:

License Info

License: HFID 35992

Risk:
License:
Expires on:
CFPM: Virginia Maloney
CFPM #: FM119347; Exp: 10/11/2026

Inspection Info

Report Number: F1004251212
Inspection Type: Full - Single
Date: 10/28/2025 Time: 11:00:00 AM
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
-THERMOMETER USE AND CALIBRATION
-SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
-VOMIT/FECAL INCIDENT CLEAN UP PROCEDURES
-FOOD SOURCE
-FOOD SERVICE PROCEDURES (SAME-DAY SERVICE)
-PEST CONTROL
-PHYSICAL FACILITIES AND MAINTENANCE

*NO VIOLATIONS OBSERVED DURING TIME OF INSPECTION.

*REPORT WAS DISCUSSED WITH THE PERSON IN CHARGE ON SITE, TARA, AND THE NURSE EVALUATOR, TRACEY.

*FLOORS ARE SEALED HARDWOOD, WALLS AND CEILINGS ARE SMOOTH PAINTED DRYWALL. COUNTERTOPS ARE SMOOTH HARD STONE AND CABINETS ARE VARNISHED WOOD WITH HALLOW BASE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

*KITCHEN HAS A 3-BASIN SINK. ONE BASIN IS DESIGNATED AS THE HANDWASHING SINK. THIS BASIN MAY ONLY BE USED FOR HANDWASHING PURPOSES.

*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 F1004251212 from 10/28/2025

Molly Dougherty

Tara

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

Brookview Cottage Inc
Eagan
County/Group: Dakota County

Inspection Info

Report Number: F1004251212
Inspection Type: Full
Date: 10/28/2025
Time: 11:00:00 AM

Food Temperature: Product/Item/Unit: milk**; Temperature Process:** Cold-Holding
Location: Dukers Reach-in Refrigerator at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: bologna**; Temperature Process:** Cold-Holding
Location: Dukers Reach-in Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

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

Food Temperature: Product/Item/Unit: cut lettuce**; Temperature Process:** Cold-Holding
Location: Kenmore Refrigerator at 39 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: ambient temperature**; Temperature Process:** Cold-Holding
Location: GE Refrigerator (basement) at <39 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

Brookview Cottage Inc
Eagan
County/Group: Dakota County

Inspection Info

Report Number: F1004251212
Inspection Type: Full
Date: 10/28/2025
Time: 11:00:00 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Greater Than** 180 Degrees F.
Comment: *utensil surface temperature
Violation Issued?: No