Electronically Delivered

October 14, 2025

Licensee
Walker Methodist Highview Hills
20150 Highview Avenue
Lakeville, MN 55044

RE: Project Number(s) SL30735016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 4, 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 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $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,

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
	30735	A. BUILDING: _____ B. WING _____	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HIGHVIEW HILL	20150 HIGHVIEW AVENUE LAKEVILLE, MN 55044

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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: SL30735016-0 On September 2, 2025, through September 4, 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 164 residents; 78 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) 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 2, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	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 comply with the current State Fire Code in Minnesota Rules, chapter 7511. 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 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). Findings include: On September 4, 2025, from 11:30 a.m. to 4:00 p.m., the surveyor toured the facility with environmental services manager (ESM)-E, environmental services regional director (ESRD)-F and licensed assisted living director (LALD)-A. During the tour, the surveyor observed: CARBON MONOXIDE ALARM Facility didn't have carbon monoxide alarms outside of resident bedrooms or a detector in the	0 775		

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0 775	Continued From page 4 main boiler room, that connects to the fire alarm panel, where all fuel fired appliances are kept. A battery powered carbon monoxide alarm was on the wall in the boiler room. Carbon monoxide alarms should be within 10' on the outside of the sleeping room or at the source of the fuel fired appliance. During a facility tour on September 4, 2025, at 3:00 p.m., ESM-E, ESRD-F and LALD-A verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Two (2) day.	0 775		
01060 SS=D	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	01060		

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01060	Continued From page 5 (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: (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 interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the	01060		

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01060	Continued From page 6 situation has occurred only occasionally). The findings include: R1 was admitted on June 30, 2023, with diagnoses that included vascular dementia and diabetes. R1's progress notes dated May 3, 2025, indicated R1 was sent to the emergency room via emergency medical services (EMS) after R1 was found lying on the floor bleeding from her nose. R1 was admitted to the hospital. R1's progress notes dated May 5, 2025, indicated R1 would discharge from the hospital to a rehab facility. R1's progress notes dated May 29, 2025, indicated R1 returned to the licensee (26 days later). R1's record lacked a written notice that contains, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - 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; - 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	01060		

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01060	Continued From page 7 may submit an appeal. In addition, R1's record lacked notification to the Office of Ombudsman for Long-Term Care the resident had been relocated and had not returned to the facility within four days. On September 4, 2025, at 10:04 a.m., licensed assisted living director (LALD)-A stated R1's record lacked a written notice related to R1's emergency relocation had been completed and provided. In addition, R1's record lacked notification to the Office of Ombudsman for Long-Term Care that R1 had been relocated and had not returned to the facility within four days. LALD-A stated she was aware of this requirement, and it was an oversight. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01060		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office	01640		

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01640	Continued From page 8 of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for two of four residents (R1 and 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 resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 was admitted on June 30, 2023, with diagnoses that included vascular dementia and diabetes. On September 3, 2025, at 9:16 a.m., the surveyor observed unlicensed personnel (ULP)-C check R1's blood glucose.	01640		

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01640	Continued From page 9 R1's service plan agreement dated May 30, 2025, indicated R1 received services to include bathing, escorts to meals, compression wraps, dressing, grooming, toileting, safety checks, weekly blood pressure monitoring, blood glucose checks 3 x/day, and medication administration. R1's medication administration record (MAR) dated September 2025, indicated R1's blood glucose was checked twice a day (8:00 a.m., and 4:00 p.m.). R1's prescriber orders dated August 12, 2025, included: -blood glucose checks twice a day, before breakfast and before dinner On September 4, 2025, at 10:06 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B reviewed R1's service plan agreement and stated it did not accurately reflect the frequency of R1's blood glucose checks. LALD-A stated the service plan agreement would be updated and sent to R1's family today. R4 R4 was admitted on June 27, 2025, with diagnoses that included diabetes. R4's service plan agreement dated June 24, 2025, indicated R4 received services to include bathing, dressing, Ace wraps, grooming, blood glucose checks, CPAP (continuous positive airway pressure) (machine that uses mild air pressure to keep breathing airways open while you sleep) assist, transfers, repositioning, toileting, wound care 3 x/week, and medication administration.	01640		

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01640	Continued From page 10 R4's prescriber orders dated August 6, 2025, included: -weight once weekly R4's service delivery record dated September 2025, included: -Weight monitor weekly on Fridays R4's service plan agreement included three times a week would care services; however, R4 no longer received this service. In addition, the service plan agreement did not include weekly weights. On September 4, 2025, at 10:09 a.m., CNS-B reviewed R4's service plan agreement and stated it did not include weekly weights. In addition, CNS-B stated R4's scheduled wound care services were no longer required but the service plan agreement was not updated. The licensee's Assessments and Service Agreements policy dated January 2025, indicated the service agreement and any revisions must include a signature or other authentication by the community ad by the resident/resident's representative, documenting agreement on the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01700 SS=F	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication	01700		

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01700	Continued From page 11 management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment which included the required content for four of four residents (R1, R2, R3, and R4). 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	01700		

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01700	Continued From page 12 client'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 clients). The findings include: R1 R1 was admitted on June 30, 2023, with diagnoses that included vascular dementia and diabetes. On September 3, 2025, at 9:31 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1. R1's service plan agreement dated May 30, 2025, indicated R1 received services to include medication administration. R1's medication administration record (MAR) dated September 2025, included the following medications: -albuterol nebulizer 0.083%; inhale one vial two times daily (shortness of breath) -calcium carbonate antacid 500 milligrams (mg); chew and swallow one tablet orally daily (heartburn) -carvedilol 6.25 mg; one tablet orally two times daily (blood pressure) -CO Q-10 200 mg; one capsule orally daily with 100 mg capsule for a total of 300 mg (supplement) -CO Q-10 100 mg; one capsule orally daily with 200 mg capsule for a total of 300 mg (supplement) -donepezil 10 mg; one tablet orally at bedtime	01700		

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01700	Continued From page 13 (dementia) -fluoxetine 10 mg; one capsule orally daily (depression) -hydrochlorothiazide 25 mg; one tablet orally every morning (blood pressure) -irbesartan 150 mg; one tablet orally two times daily (blood pressure) -Lantus insulin 100 units/milliliter (ml); inject 12 units subcutaneously every morning (diabetes) -oxybutynin 5 mg; one tablet orally daily (bladder spasms) -Potassium chloride 10 milliequivalent (meq); one tablet orally daily with a meal (supplement) -quetiapine 25 mg; one tablet orally at bedtime (anxiety) -Trelegy Ellipta 200-62.5-25 inhaler; inhale one puff into the lungs every 24 hours (shortness of breath) -Vitamin D 25 micrograms (mcg); one tablet orally daily (supplement) -acetaminophen 1,000 mg; two tablets orally every six hours as needed (pain) -albuterol nebulizer 0.083%; inhale one vial two times daily as needed (shortness of breath/cough) -oxycodone 5 mg; 2.5 mg orally every six hours as needed (pain) -senexon-s 8.6-50 mg; one tablet orally daily as needed (constipation) R1's record lacked evidence the RN conducted a face-to-face review of all medications R1 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R1's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the	01700		

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01700	Continued From page 14 medications. R2 R2 was admitted on July 31, 2023, with diagnoses that included Alzheimer's disease and diabetes. On September 3, 2025, at 7:33 a.m., the surveyor observed ULP-C administer medications to R2. R2's service plan agreement dated March 14, 2025, indicated R2 received services to include medication administration. R2's MAR dated September 2025, included the following medications: -atorvastatin 40 mg; one tablet orally every evening (cholesterol) -digoxin 0.125 mg; one tablet orally every day (atrial fibrillation) -Advair 250/50 inhaler; inhale one puff into the lungs two times daily (shortness of breath) -Lantus Insulin 100 units/ml; inject 14 units subcutaneously twice daily (diabetes) -metoprolol succinate 25 mg; one tablet orally daily (atrial fibrillation) -montelukast 10 mg; one tablet orally daily (allergies) -olanzapine 2.5 mg; one tablet orally every morning (agitation) -olanzapine 5 mg; one tablet orally at bedtime (agitation) -Potassium chloride 10 meq; one tablet orally daily (supplement) -rivastigmine 9.5 mg/24; apply one patch transdermally (depression) -sertraline 50 mg; one tablet orally daily (anxiety/depression)	01700		

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01700	Continued From page 15 -Tab-A-Vite; one tablet orally daily (supplement) -torsemide 20 mg; one tablet orally daily (diuretic) -Vitamin B12 100 mcg; one tablet orally daily (supplement) -warfarin 6 mg; one tablet orally every Monday, Wednesday and Friday (blood thinner) -warfarin 7.5 mg; one tablet orally every Sunday, Tuesday, Thursday and Saturday (blood thinner) -acetaminophen 325 mg; two tablets orally every six hours as need (pain) -Bio freeze; apply to affected area of feet topically as needed -Diclofenac 1% gel; apply four grams topically to painful area of the right foot daily as needed -Epinephrine injection 0.3 mg; inject 0.3 ml intramuscularly as needed for allergic reaction -Nitroglycerin 0.4 mg; dissolve one tablet under the tongue every five minutes (up to 3 x/15 minutes) as needed for chest pain -olanzapine 2.5 mg; one tablet orally daily as needed (agitation) -Potassium Chloride 10 meq; one tablet orally daily as needed to be given with torsemide as needed R2's record lacked evidence the RN conducted a face-to-face review of all medications R2 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R2's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. R3 R3 was admitted on October 2, 2023, with diagnoses that included Alzheimer's disease.	01700		

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01700	Continued From page 16 On September 3, 2025, at 8:01 a.m., the surveyor observed ULP-C administer medications to R3. R3's service plan agreement dated June 26, 2025, indicated R3 received services to include medication administration. R3's MAR dated September 2025, included the following medications: -bupropion 150 mg; one tablet orally daily (depression) -lisinopril 10 mg; one tablet orally daily (blood pressure) -losartan 50 mg; one tablet orally daily (blood pressure) -memantine 10 mg; one tablet orally daily (dementia) -sertraline 100 mg; one- and one-half tablet orally daily (depression) -acetaminophen 500 mg; two tablets orally three times daily as needed (pain) -albuterol inhaler; inhale one to two puffs into the lungs every four hours as needed for wheezing -calcium carbonate antacid 500 mg; two tablets orally every four hours as needed for heartburn R3's record lacked evidence the RN conducted a face-to-face review of all medications R3 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R3's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications.	01700		

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01700	Continued From page 17 R4 R4 was admitted on June 27, 2025, with diagnoses that included diabetes. On September 3, 2025, at 8:26 a.m., the surveyor observed ULP-D check R4's blood sugar. R4's service plan agreement dated June 24, 2025, indicated R4 received services to include medication administration. R4's MAR dated September 2025, included the following medications: -acetaminophen 500 mg; two tablets orally three times daily (pain) -atorvastatin 40 mg; one tablet orally at bedtime (cholesterol) -Citrucel 500 mg; two tablets orally daily (constipation) -duloxetine 40 mg; one capsule orally daily (pain) -Eliquis 2.5 mg; one tablet orally two times daily -esomepra 20 mg; one capsule orally daily (acid reflux) -ferrous sulfate 325 mg; one tablet orally three times weekly on Monday, Wednesday and Friday (supplement) -folic acid 1000 mcg; one tablet orally daily (supplement) -gabapentin 300 mg; one capsule orally two times daily (pain) -Jardiance 10 mg; one tablet orally daily (diabetes) -levothyroxine 175 mcg; one tablet orally every morning (thyroid) -melatonin 10 mg; one tablet orally at bedtime (sleep) -methocarbamol 500 mg; one tablet orally every day at bedtime (pain)	01700		

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01700	Continued From page 18 -metoprolol succinate 100 mg; one tablet orally daily (blood pressure) -salonpas patch; apply one patch to low back every morning (pain) -torsemide 20 mg; one and one half tablet orally two times daily (diuretic) -Vitamin B1 100 mg; one tablet orally daily (supplement) -bisacodyl 10 mg; insert one suppository rectally daily as needed (constipation) -Epinephrine 0.3 mg; inject 0.3 ml intramuscularly one time only as needed (allergic reaction) -loperamide 2 mg; one capsule orally daily as needed (loose stools) -meclizine 25 mg; on tablet orally three times daily as needed (dizziness) -methocarbamol 500 mg; one tablet orally two times daily (pain) -polyethylene glycol; mix 17 grams in 8 ounces of juice or water and drink orally daily as needed (constipation) R4's record lacked evidence the RN conducted a face-to-face review of all medications R4 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R4's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. On September 4, 2025, at 10:13 a.m., clinical nurse supervisor (CNS)-B stated all assessments were completed face-to-face with the resident which included a discussion of the medications the resident takes; however, it is not documented in the residents' records.	01700		

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01700	Continued From page 19 The licensee's Medication Management Services policy dated January 2025, indicated for each resident who request medication management services, the community will, prior to providing medication management services, have a registered nurse conduct an assessment to determine what medication management services will be provided and how the services will be provided. The assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking and must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided;	01730		

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01730	Continued From page 20 (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for four of four residents (R1, R2, R3, and R4).	01730		

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01730	Continued From page 21 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 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 clients). The findings include: During the entrance conference on September 2, 2025, at approximately 9:30 a.m., clinical nurse supervisor (CNS)-B stated resident medications were stored mainly in a medication cart; however, overflow medications were stored in a medication room and medications requiring refrigeration were stored in a secured refrigerator. R1 R1 was admitted on June 30, 2023, with diagnoses that included vascular dementia and diabetes. On September 3, 2025, at 9:31 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1. R1's service plan agreement dated May 30, 2025, indicated R1 received services to include medication administration. R1's medication administration record (MAR) dated September 2025, included the following: -Lantus insulin 100 units/milliliter (ml); inject 12 units subcutaneously every morning (diabetes)	01730		

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01730	Continued From page 22 R1's individualized medication management plan included within the service plan agreement indicated the following: - "all medications will be kept in a durable, locked medication cart and all narcotic medications will be double locked in the medication cart per state and federal regulations". R1's medication management plan did not include the central storage in medication room or refrigeration for insulin. R2 R2 was admitted on July 31, 2023, with diagnoses that included Alzheimer's disease and diabetes. On September 3, 2025, at 7:33 a.m., the surveyor observed ULP-C administer medications to R2. R2's service plan agreement dated March 14, 2025, indicated R2 received services to include medication administration. R2's MAR dated September 2025, included the following medications: -Lantus Insulin 100 units/ml; inject 14 units subcutaneously twice daily (diabetes) R2's individualized medication management plan included within the service plan agreement indicated the following: - "all medications will be kept in a durable, locked medication cart and all narcotic medications will be double locked in the medication cart per state and federal regulations".	01730		

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01730	Continued From page 23 R2's medication management plan did not include the central storage in medication room or refrigeration for insulin. R3 R3 was admitted on October 2, 2023, with diagnoses that included Alzheimer's disease. On September 3, 2025, at 8:01 a.m., the surveyor observed ULP-C administer medications to R3. R3's service plan agreement dated June 26, 2025, indicated R3 received services to include medication administration. R3's individualized medication management plan included within the service plan agreement indicated the following: - "all medications will be kept in a durable, locked medication cart and all narcotic medications will be double locked in the medication cart per state and federal regulations". R3's medication management plan did not include the central storage in medication room. R4 R4 was admitted on June 27, 2025, with diagnoses that included diabetes. R4's service plan agreement dated June 24, 2025, indicated R4 received services to include medication administration. R4's individualized medication management plan included within the service plan agreement indicated the following: - "all medications will be kept in a durable, locked	01730		

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01730	Continued From page 24 medication cart and all narcotic medications will be double locked in the medication cart per state and federal regulations". R4's medication management plan did not include the central storage in medication room. On September 4, 2025, at 10:18 a.m., CNS-B stated resident medication management plans did not include central storage medication rooms or central storage refrigeration. CNS-B stated the prefilled verbiage for medication storage would need to be updated. The licensee's Medication Management Services policy dated January 2025, indicated an individualized medication management plan will be prepared, and a written statement of the medication management service that will be included on the service agreement. The medication management services record for each resident will include: - A description of the storage of medication based on the resident's needs, risk of diversion, and consistent with the manufacturer's direction No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01750 SS=E	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications,	01750		

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01750	Continued From page 25 and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse documented resident-specific instructions for four of four residents (R1, R2, R3 and R4) whose medication administration was delegated to unlicensed personnel (ULP). 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 pattern scope (when more than a limited number of residents 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: R1 R1 was admitted on June 30, 2023, with diagnoses that included vascular dementia and diabetes. On September 3, 2025, at 9:31 a.m., the surveyor observed ULP-C administer medications to R1.	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30735	A. BUILDING: _____ B. WING _____	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HIGHVIEW HILL	20150 HIGHVIEW AVENUE LAKEVILLE, MN 55044

(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
01750	Continued From page 26 R1's service plan agreement dated May 30, 2025, indicated R1 received services to include medication administration. R1's medication administration record (MAR) dated September 2025, included the following medications: -acetaminophen 1,000 milligrams (mg); two tablets orally every six hours as needed (pain), order dated May 28, 2025 -oxycodone 5 mg; 2.5 mg orally every six hours as needed (pain), order dated May 28, 2025 The licensee failed to have instructions for the ULP to understand which PRN medication for pain should be used in which order. R2 R2 was admitted on July 31, 2023, with diagnoses that included Alzheimer's disease and diabetes. On September 3, 2025, at 7:33 a.m., the surveyor observed ULP-C administer medications to R2. R2's service plan agreement dated March 14, 2025, indicated R2 received services to include medication administration. R2's MAR dated September 2025, included the following medications: -Potassium Chloride 10 milliequivalent (meq); one tablet orally daily as needed to be given with torsemide as needed, order dated April 22, 2025; and -Epinephrine injection 0.3 mg; inject 0.3 ml intramuscularly as needed for allergic reaction, order dated April 22, 2025	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30735	A. BUILDING: _____ B. WING _____	09/04/2025

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01750	Continued From page 27 The licensee failed to have instructions for the ULP to understand the reason for administering the PRN dose of potassium chloride. In addition, the licensee failed to have resident-specific instructions regarding what allergies were indicated for the use of the epinephrine pen and failed to specify what was considered an allergic reaction that would indicate administering the epinephrine pen to R2. R3 R3 was admitted on October 2, 2023, with diagnoses that included Alzheimer's disease. R3's service plan agreement dated June 26, 2025, indicated R3 received services to include medication administration. R3's MAR dated September 2025, included the following medication: -albuterol inhaler; inhale 1-2 puffs into the lungs every four hours as needed for wheezing, order dated April 22, 2025 On September 2, 2025, at 11:20 a.m., the surveyor observed ULP-C administer two puffs of albuterol inhaler to R3. The surveyor inquired how he determined to administer two puffs instead of one puff. ULP-C stated R3 would tell them one puff didn't work, so they always gave two puffs. The licensee failed to provide resident-specific instructions on when to administer one puff or two puffs of R3's albuterol inhaler. R4 R4 was admitted on June 27, 2025, with	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30735	A. BUILDING: _____ B. WING _____	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01750	Continued From page 28 diagnoses that included diabetes. On September 3, 2025, at 8:26 a.m., the surveyor observed ULP-D check R4's blood sugar. R4's service plan agreement dated June 24, 2025, indicated R4 received services to include medication administration. R4's MAR dated September 2025, included the following medications: -polyethylene glycol; mix 17 grams in 8 ounces of juice or water and drink orally daily as needed (constipation), order dated August 19, 2025 -bisacodyl 10 mg; insert one suppository rectally daily as needed (constipation), order dated August 19, 2025 -Epinephrine 0.3 mg; inject 0.3 ml intramuscularly one time only as needed (allergic reaction), order dated August 19, 2025 The licensee failed to have instructions for the ULP to understand which PRN medication for constipation should be used in which order. In addition, the licensee failed to have resident-specific instructions regarding what allergies were indicated for the use of the epinephrine pen and failed to specify what was considered an allergic reaction what would indicate administering the epinephrine pen to R4. On September 4, 2025, at 10:24 a.m., clinical nurse supervisor (CNS)-B stated the licensee failed to ensure resident specific instructions were included in R1, R2, R3, and R4's prescriber orders as noted above. The licensee's Medication Management Services	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30735	A. BUILDING: _____ B. WING _____	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01750	Continued From page 29 policy dated January 2025, indicated when delegating the administration of medication to ULP, the RN will specify in writing, specific instructions for each resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30735	A. BUILDING: _____ B. WING _____	09/04/2025

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01940	Continued From page 30 possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of four residents (R2 and R4) with treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R2 R2 was admitted on July 31, 2023, with diagnoses that included Alzheimer's disease and diabetes. On September 3, 2025, at 7:44 a.m., the surveyor observed unlicensed personnel (ULP)-C check R2's blood sugar and blood pressure. R2's service plan agreement dated March 14, 2025, indicated R2 received services to include weight monitoring, blood pressure and pulse checks, compression stockings, blood glucose checks and CPAP (continuous positive airway	01940		

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01940	Continued From page 31 pressure) (machine that uses mild air pressure to keep breathing airways open while you sleep). R2's prescriber orders dated April 22, 2025, included the following: -continue use of nightly CPAP therapy for a minimum 4 hours per night, ideally entirely of sleep duration. Pressure setting 7.6 cmh20. -blood sugar check two times a day -compression stockings, on in the morning and off at bedtime -weight check on Monday, Wednesday, and Friday -losartan 25 milligrams (mg); one tablet by mouth daily. Hold for systolic blood pressure (SBP) less than 90 or diastolic blood pressure (DBP) less than 60. R2's medication administration record (MAR) dated September 2025, included the following: -CPAP: empty CPAP water reservoir, disassemble CPAP reservoir, mask and tubing. Place on towel and allow to air dry. -CPAP: fill CPAP water reservoir with distilled water. -Blood sugar check two times a day -Weight: weigh on Monday, Wednesday, and Friday -Compression stockings, on in the morning and off at bedtime R2's service delivery record dated September 2025, included: -vital sign monitoring daily R2's record lacked a treatment management plan to include the following required content: - documentation of specific resident instructions relating to the treatments or therapy	01940		

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01940	Continued From page 32 administration; - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. R4 R4 was admitted on June 27, 2025, with diagnoses that included diabetes. On September 3, 2025, at 8:26 a.m., the surveyor observed ULP-D check R4's blood sugar. R4's service plan agreement dated June 24, 2025, indicated R4 received services to include Ace wraps, blood glucose checks, CPAP assist. The service plan agreement did not include weekly weights. R4's prescriber orders included the following: -weight once weekly, order dated August 6, 2025, -lymphedema wraps plus lymphedema booties. On every morning and off at bedtime, order dated July 8, 2025 -blood glucose checks twice daily, order dated August 19, 2025 -CPAP assist, order dated June 23, 2025 R4's service delivery record dated September 2025, included: -Weight monitor weekly on Fridays -Blood glucose checks -compression stockings -CPAP assist R4's record lacked a treatment management plan	01940		

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	30735	A. BUILDING: _____ B. WING _____	09/04/2025

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01940	Continued From page 33 to include the following required content: - statement of the type of service that will be provided (weekly weights) - documentation of specific resident instructions relating to the treatments or therapy administration; - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On September 4, 2025, at 10:32 a.m., clinical nurse supervisor (CNS)-B reviewed R2 and R4's treatment plans did not include the required content as listed above. The licensee's Treatment and Therapy Management policy dated January 2025, indicated an individualized treatment and therapy management record will be developed and maintained for each resident that includes: a. written statement of the type of services provided in the service plan b. documentation of specific resident instructions relating to the treatment or therapy administration. c. identification of treatment or therapy tasks that will be delegated to ULP d. procedures for notifying a RN or appropriate licensed professional when a problem arises with treatment or therapy services e. any resident-specific requirements related to documentation of treatment and therapy received, verification that all treatments and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions; and	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01940	Continued From page 34 f. the treatment or therapy management record must be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
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 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 storage of oxygen in two of two resident rooms (R5, R7). This had the potential to affect all residents, staff, and visitors of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:	02310		

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02310	Continued From page 35 On September 4, 2025, during the engineer's survey visit, the engineer observed R5's room with unsecured oxygen cylinders on the floor. The engineer also observed unsecured oxygen cylinders in R7's room. On September 4, 2025, at 3:19 p.m., licensed assisted living director (LALD)-A stated she was unaware of the unsecured oxygen cylinders in R5 and R7's rooms. LALD-A stated all oxygen cylinders should be stored securely and would contact the oxygen supplier to obtain secure holders for the oxygen. The Minnesota Department of Health Oxygen Cylinder Storage Requirements dated April 16, 2020, indicated cylinders must be secured (chains or racks) to prevent them from falling over. No additional information was provided. TIME PERIOD FOR CORRECTION: Seven (7) 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

WALKER METHODIST HIGHVIEW HILL
20150 HIGHVIEW AVENUE
Lakeville, MN 55044
Dakota County
Parcel:

Phone:

License Info

License: HFID 30735

Risk:
License:
Expires on:
CFPM: Amber Blaker
CFPM #: FM33519; Exp: 8/26/2027

Inspection Info

Report Number: F1043251168
Inspection Type: Full - Single
Date: 9/2/2025 Time: 3:29:21 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 2
Total Priority 2 Orders: 1
Total Priority 3 Orders: 3
Delivery:

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.14B *Priority Level: Priority 3 CFP#: 41*
MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.
COMMENT: FACILITY USES SINK & SURFACE. KITCHEN AND KITCHENETTE SANI BUCKETS MEASURED 0-452 PPM LACTIC ACID. ADVISED STAFF TO MAINTAIN CONCENTRATION BETWEEN 704-1875 PPM LACTIC ACID. COMPLY WITH ABOVE RULE.
Comply By: 9/2/2025 Originally Issued On: 9/2/2025

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: CUT MELON AND MILK IN MEMORY CARE REACH IN COOLER MEASURED 47F. PER STAFF, FOOD WAS STORED AT ROOM TEMPERATURE DURING LUNCH SERVICE FOR ~45 MINUTES. ADVISED STAFF TO DISCARD. CORRECTED ON SITE. COMPLY WITH ABOVE RULE.
Comply By: 9/2/2025 Originally Issued On: 9/2/2025

! **New Order: 4-500 Equipment Maintenance and Operation**
4-501.114E *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0805E Provide and maintain a chemical sanitizer other than chlorine, iodine or a quaternary ammonium compound according to the US EPA registered label use instructions.
COMMENT: FACILITY USES SINK & SURFACE. 2 COMP SINK DISPENSER MEASURED 452 PPM LACTIC ACID; UNABLE TO VERIFY MOP SINK DISPENSER CONCENTRATION. ADVISED STAFF TO SERVICE DISPENSERS TO MEASURE BETWEEN 704-1875 PPM LACTIC ACID. COMPLY WITH ABOVE RULE.
Comply By: 9/2/2025 Originally Issued On: 9/2/2025

New Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT: KITCHEN 4 DOOR COLD DRAWER, BOTTOM PORTION OF COOK LINE PREP COOLER, AND UNDERCOUNTER REACH IN COOLER IN OPEN KITCHEN AREA NOT OPERATIONAL. ADVISED STAFF TO REPAIR/REPLACE/DISCARD EQUIPMENT AS NEEDED. COMPLY WITH ABOVE RULE.
Comply By: 9/2/2025 Originally Issued On: 9/2/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.11 *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1440 Provide an adequate supply of hand soap at each handwashing sink or group of 2 adjacent handwashing sinks.
COMMENT: NO HAND SOAP AT BAR. ADVISED STAFF TO PROVIDE AND MAINTAIN. COMPLY WITH ABOVE RULE.
Comply By: 9/2/2025 Originally Issued On: 9/2/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.14A *Priority Level: Priority 3 CFP#: 10*
MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: REMINDER SIGN MISSING AT BAR. ADVISED STAFF TO PROVIDE AND POST. COMPLY WITH ABOVE RULE.
Comply By: 9/2/2025 Originally Issued On: 9/2/2025

Food & Beverage General Comment

Inspection was completed with Kassie Marking as the lead Health Regulation Division Nurse Evaluator completing the site survey.

Discussed highly susceptible populations, illness policy, sanitizer use, ware washing, temperature control, cleaning, test kits, food storage, and food handling procedures.

TEMPERATURE (F)
STEAM WELL: SOUP 150, SAUSAGE 145
COLD WELL: LETTUCE 41, CHEESE 41, CHICKEN 41
COLD DRAWER: BEEF 41, FRENCH TOAST EGG MIX 41
PREP COOLER: CHEESE 41, TOMATO 41
TALL REACH IN COOLER: POTATO 41, PASTA 41
LOW REACH IN COOLER: SOUR CREAM 41
SOUP WELL: PASTA SOUP 185
WALK IN COOLER: CHEESE 41, HARD BOILED EGG 41, CUT MELON 41
MEMORY CARE REACH IN COOLER: MILK 47*, CUT MELON 47*
KITCHENETTE REACH IN COOLER: SANDWICH 41

SINK & SURFACE LACTIC ACID (PPM)
2 COMP SINK DISPENSER: 452*
MOP SINK DISPENSER: UNABLE TO VERIFY
KITCHEN SANI BUCKET: 452*, 452*
KITCHENETTE SANI BUCKET: 0*

UTENSIL SURFACE TEMPERATURE (F)
KITCHEN DISH MACHINE: 176

Establishment has a main commercial kitchen, one three kitchenettes (one for Memory Care), and one bar. All food is prepped in the main kitchen and is transported to the kitchenettes for service.

Kitchenettes have residential finishes:
Memory Care: commercial reach in cooler, residential dish machine and stove (not used for clients), textured walls, and laminate floor
Other 2 kitchenettes: residential reach in coolers
Bar: commercial equipment, FRP walls under bar top, quarry tiled floor, smooth walls and ceiling

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling, major equipment additions, or changes of equipment due to a menu change.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 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 F1043251168 from 9/2/2025

Amber Blaker
Culinary Director

Blia Lor,
Public Health Sanitarian 1
651-355-0641
blia.lor@state.mn.us

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

WALKER METHODIST HIGHVIEW HILL
20150 HIGHVIEW AVENUE
Lakeville, MN 55044
Dakota County
Parcel:

Phone:

License Info

License: HFID 30735

Risk:
License:
Expires on:
CFPM: Amber Blaker
CFPM #: FM33519; Exp: 8/26/2027

Inspection Info

Report Number: F1043251178
Inspection Type: Follow-up - Single
Date: 9/9/2025 Time: 3:29:32 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 3
Delivery:

Previous Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.14B *Priority Level: Priority 3 CFP#: 41*
MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.
COMMENT: FACILITY USES SINK & SURFACE. KITCHEN AND KITCHENETTE SANI BUCKETS MEASURED 0-452 PPM LACTIC ACID. ADVISED STAFF TO MAINTAIN CONCENTRATION BETWEEN 704-1875 PPM LACTIC ACID. COMPLY WITH ABOVE RULE.
Comply By: 9/2/2025 Originally Issued On: 9/2/2025

! **Previous Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: CUT MELON AND MILK IN MEMORY CARE REACH IN COOLER MEASURED 47F. PER STAFF, FOOD WAS STORED AT ROOM TEMPERATURE DURING LUNCH SERVICE FOR ~45 MINUTES. ADVISED STAFF TO DISCARD. CORRECTED ON SITE. COMPLY WITH ABOVE RULE.
Comply By: 9/2/2025 Originally Issued On: 9/2/2025

Previous Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT: KITCHEN 4 DOOR COLD DRAWER, BOTTOM PORTION OF COOK LINE PREP COOLER, AND UNDERCOUNTER REACH IN COOLER IN OPEN KITCHEN AREA NOT OPERATIONAL. ADVISED STAFF TO REPAIR/REPLACE/DISCARD EQUIPMENT AS NEEDED. COMPLY WITH ABOVE RULE.
Comply By: 9/2/2025 Originally Issued On: 9/2/2025

Previous Order: 6-300 Physical Facility Numbers and Capacities
6-301.11 *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1440 Provide an adequate supply of hand soap at each handwashing sink or group of 2 adjacent handwashing sinks.
COMMENT: NO HAND SOAP AT BAR. ADVISED STAFF TO PROVIDE AND MAINTAIN. COMPLY WITH ABOVE RULE.
Comply By: 9/2/2025 Originally Issued On: 9/2/2025

Previous Order: 6-300 Physical Facility Numbers and Capacities
6-301.14A *Priority Level: Priority 3 CFP#: 10*
MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: REMINDER SIGN MISSING AT BAR. ADVISED STAFF TO PROVIDE AND POST. COMPLY WITH ABOVE RULE.
Comply By: 9/2/2025 Originally Issued On: 9/2/2025

Food & Beverage General Comment

Inspection was completed with Kassie Marking as the lead Health Regulation Division Nurse Evaluator completing the site survey. Follow-up report written to assess compliance with previous order(s), all remaining orders will be reassessed during the next inspection.

SINK & SURFACE LACTIC ACID (PPM)
2 COMP SINK DISPENSER: 704

Establishment has a main commercial kitchen, one three kitchenettes (one for Memory Care), and one bar. All food is prepped in the main kitchen and is transported to the kitchenettes for service.

Kitchenettes have residential finishes:
Memory Care: commercial reach in cooler, residential dish machine and stove (not used for clients), textured walls, and laminate floor
Other 2 kitchenettes: residential reach in coolers
Bar: commercial equipment, FRP walls under bar top, quarry tiled floor, smooth walls and ceiling

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling, major equipment additions, or changes of equipment due to a menu change.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 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 F1043251178 from 9/9/2025

Amber Blaker
Culinary Director

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