Electronically Delivered

February 2, 2026

Licensee
English Rose Suites
6941 Valley View Road
Edina, MN 55439

RE: Project Number(s) SL21145016

Dear Licensee:

On January 13, 2026, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on September 29, 2025. This follow-up survey determined your facility had corrected all of the state correction orders issued pursuant to the September 29, 2025 survey.

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

Also, at the time of this follow-up survey completed on January 13, 2026, we identified the following violation(s):

0510 - Infection Control Program - 144g.41 Subd. 3
0680 - Disaster Planning And Emergency Preparedness - 144g.42 Subd. 10
0775 - Fire Protection And Physical Environment - 144g.45 Subd. 2. (a)
1730 - Individualized Medication Management Plan - 144g.71 Subd. 5
1760 - Documentation Of Administration Of Medication - 144g.71 Subd. 8
1890 - Prescription Drugs - 144g.71 Subd. 20

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

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

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

required to be submitted for approval.

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

We urge you to review these orders carefully. If you have questions, please contact Casey DeVries at 651-201-5917.

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

Sincerely,

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21145	A. BUILDING: _____ B. WING _____	R 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ROSE SUITES	6941 VALLEY VIEW ROAD EDINA, MN 55439

(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: SL21145016-1 On January 12, 2026, through January 13, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were six residents all of whom received 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.	
0 510 SS=E	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510		

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0 510	Continued From page 1 maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complied with accepted health care, medical, and nursing standards for infection control related to medication administration when two of three unlicensed personnel (ULP-E, ULP-H) administered a resident medication that was dropped on the floor and contaminated. 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: On January 13, 2026, at 9:38 a.m., the surveyor observed ULP-E and ULP-H prepare medications	0 510		

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0 510	Continued From page 2 for R2. The surveyor observed ULP-E open a medication pack and then open the bubble that contained multiple preset medications. ULP-E then emptied the bubble pack onto a pill counting tray when three unknown medications fell off of the pill counting tray and fell onto the floor. ULP-E picked up two pills and ULP-H picked up one pill. Both ULPs placed the dropped medications back onto the pill counting tray. After ULP-E and ULP-H verified R2's medications with the medication administration record (MAR) and ULP-E placed all of R2's morning medications into the medication cup. ULP-E and ULP-H walked the medication to R2 and administered them. On January 13, 2026, at 9:43 a.m., the surveyor inquired what ULP-E was trained to do when a medication was dropped. ULP-E stated, "just give it to them". ULP-E stated they would pick the medication up off the floor and administer it unless the medication was on the floor for a "long time." On January 13, 2026, at 9:45 a.m., ULP-H stated they were trained to call nursing and let them know when a medication was dropped. ULP-H stated the nurse would instruct them on what to do with the medication. The surveyor inquired why they did not notify the nurse when the medications dropped. ULP-H stated, "Not sure, I just didn't do that." On January 13, 2026, 10:07 a.m., clinical nurse supervisor (CNS)-C stated ULP were trained to call the nurse if a medication was dropped to receive guidance on what to do with the dropped medication. CNS-C stated they would instruct ULP to pick up the dropped medication and lock the medication in the medication cabinet until the	0 510		

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0 510	Continued From page 3 medication could be destroyed by a nurse. CNS-C stated the ULP would also be instructed on where to find a replacement medication and then a nurse would contact pharmacy to replace the dropped medication. The licensee's 7.04 Medication Loss or Spillage policy dated August 2021 indicated staff would notify the registered nurse (RN) of a spilled medication and the nurse would instruct the ULP on the next steps. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually	0 680		

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0 680	Continued From page 4 available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the potential to 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, 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: The licensee's undated EPP provided to the surveyor by administrator (A)-A lacked evidence of the following required content: - considered emerging infectious diseases; - strategies for addressing facility and community-based risks which included staffing shortages; - subsistence needs for staff and residents; - procedures for tracking staff and residents; - transportation; - policies and procedures for medical documents; - policies and procedures for volunteers; - roles under a waiver declared by secretary;	0 680		

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0 680	Continued From page 5 - development of communication plan; - Emergency officials contact information; - methods for sharing information; - sharing occupancy needs; - family notifications. On January 13, 2026, at 12:22 p.m., A-A stated they believed they had a longer version of the EPP, and the shorter version, which was provided to the surveyor, was posted by the facility front entry. On January 13, 2026, at 1:46 p.m., A-A stated the licensee purchased an Appendix Z template when they reopened the facility after construction was completed on October 1, 2025, but they had not personalized the Appendix Z template yet. A-A stated the administrative assistant was out on leave of absence and their maintenance department was short staffed. A-A stated the licensee's Appendix Z was not complete yet. The licensee's 9.01 Emergency Preparedness Plan - Appendix Z Compliance policy dated November 2024, indicated it was the intent of the licensee to have in place an effective and compliant EPP. The intent was the plan would be aligned with the Centers for Medicare and Medicaid Services State Operation Manual Appendix Z. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	Continued From page 6 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, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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 the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated January 13, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
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	01730		

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01730	Continued From page 7 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; (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.	01730		

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01730	Continued From page 8 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain a current individualized medication management record for each resident to include all required content for two of two residents (R2, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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: R2 R2 admitted on October 1, 2025, and began receiving assisted living services. R2's diagnoses include anxiety, and Parkinson's disease, and Parkinson's dementia. On January 13, 2026, at 9:38 a.m., the surveyor observed unlicensed personnel (ULP)-E and ULP-H administer oral medication to R2. R2's Addendum to Contract - Private - MN signed on October 7, 2025, indicated R2 received assistance with ambulation, aroma therapy, dressing, exercises, grooming, medication assistance, hearing aid assist, nail care, vital sign monitoring, bathing, and toileting. In addition, the service plan indicated if medication management	01730		

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01730	Continued From page 9 services were desired the registered nurse (RN) shall conduct an assessment to determine what medication management services would be provided and how that service would be provided. R2's ongoing assessment dated January 12, 2026, indicated staff administered R2's medications, R2's medications were locked in a medication cabinet, R2 took medications whole with fluids, and the RN or licensed practical nurse (LPN) would order all prescriptions and refills for R2. R2's medication management plan comprised of multiple documents lacked the following required content: - identification of medication management tasks that may be delegated to the ULP; and - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arose with medication management services. R3 R3 admitted on October 17, 2025, and began receiving assisted living services. R3 diagnoses include progressive aphasia, dementia, anxiety disorder, and major neurocognitive disorder. R3's Addendum to Contract - Private - MN signed October 17, 2025, indicated R3 received assistance with behavior management, dressing, exercises, grooming, light therapy, medication assistance, meals, toileting, vital sign monitoring, bathing, and safety checks. In addition, the service plan indicated if medication management services were desired the registered nurse (RN) shall conduct an assessment to determine what	01730		

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01730	Continued From page 10 medication management services would be provided and how that service would be provided. R3's ongoing assessment dated October 30, 2025, indicated staff administered R3's medications, R3's medications were locked in a medication cupboard, R3 took medications whole with fluids, R3's medications were set up by pharmacy and RN or LPN weekly, the RN or LPN would order all prescriptions and refills. R3's medication management plan comprised of multiple documents lacked the following required content: - identification of medication management tasks that may be delegated to the ULP; and - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arose with medication management services. On January 13, 2026, at 12:22 p.m., clinical nurse supervisor (CNS)-C stated all resident records would lack identification of medication management tasks that may be delegated to ULP. CNS-C stated the licensee's policy would probably state what tasks ULP could do. In addition, CNS-C stated the residents medication management plans were included in the resident's assessments. The licensee's 7.02 Medication management Individualized Plan dated August 2021, indicated the licensee would develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: - a statement describing the medication management services that will be provided; - a description of storage of medications based	01730		

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01730	Continued From page 11 on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and - 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. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any	01760		

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01760	Continued From page 12 follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to administer medications as prescribed for one of two residents (R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R3 admitted on October 17, 2025, and began receiving assisted living services. R3's diagnoses include progressive aphasia, dementia, anxiety disorder, and major neurocognitive disorder. R3's Addendum to Contract - Private - MN signed October 17, 2025, indicated R3 received assistance with behavior management, dressing, exercises, grooming, light therapy, medication assistance, meals, toileting, vital sign monitoring, bathing, and safety checks. R3's providers orders signed November 4, 2025, included acetaminophen 325 milligrams (mg) take one to two tablets by mouth every four to six	01760		

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	21145	A. BUILDING: _____ B. WING _____	R 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ROSE SUITES	6941 VALLEY VIEW ROAD EDINA, MN 55439

(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
01760	Continued From page 13 hours as needed (PRN) for fever over 100.5 or pain. Do not exceed 4000 mg per day. May take up to six times per day. R3's Med Admin Summary -Actual - Month dated January 2026 included acetaminophen 325 mg take one to two tabs by mouth every four to six hours PRN for fever over 100.5 or pain. Do not exceed 4000 mg in a day. The medication administration record (MAR) indicated on January 5, 2026, R3 received 975 mg of acetaminophen for pain management and the acetaminophen was effective. On January 13, 2026, at 10:07 a.m., clinical nurse supervisor (CNS)-C stated unlicensed personnel (ULP) were trained to contact the nurse prior to giving any PRN medications and the nurse would instruct them on the dosage and medication to give. The surveyor inquired why R3 received an additional 325 mg of acetaminophen than what was prescribed on January 5, 2026. CNS-C stated R3 was just prescribed a 1000 mg of acetaminophen scheduled. CNS-C stated they did not receive the 500 mg dose of acetaminophen from the pharmacy, so the nurse instructed the ULP to provide three 325 mg tablets (975 mg) to R3 to get as close to the prescribed dose as possible and document it under the PRN acetaminophen. The surveyor inquired if they notified the prescriber that a lower dose was going to be given. CNS-C stated no. The licensee's 7.17 Medication & Treatment Orders dated August 2021 indicated a current, written prescriber's order must be obtained for any medication administration provided to a resident. Prescriptions or orders that are to be implemented must be received from an authorized prescriber.	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21145	A. BUILDING: _____ B. WING _____	R 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ROSE SUITES	6941 VALLEY VIEW ROAD EDINA, MN 55439

(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
01760	Continued From page 14 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01890 SS=E	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to discard expired medication for two of six residents (R4, R5). 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: On January 13, 2026, at 8:57 a.m., the surveyor observed the locked medication cupboard and observed the following expired medications: - R4 acetaminophen 325 milligram (mg)	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21145	A. BUILDING: _____ B. WING _____	R 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ROSE SUITES	6941 VALLEY VIEW ROAD EDINA, MN 55439

(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
01890	Continued From page 15 prescription bottle filled July 30, 2024, that expired on July 30, 2025, Bayers safety coated aspirin 325 mg with an expiration date of May 2025, multivitamin tablet with an expiration date of January 10, 2026, ondansetron 4 mg with an expiration date of May 31, 2025; and - R5 Tylenol 500 mg with an expiration date of December 2025, Preparation H hemorrhoidal cream with an expiration date of August 2024, and ketoconazole 2 percent (%) shampoo with an expiration date of October 14, 2025. On January 13, 2026, at 9:18 a.m., clinical nurse supervisor (CNS)-C stated they typically conduct a medication cupboard audit weekly or at least monthly, but they had not been able to complete a medication cupboard audit "in a while". CNS-C stated after the licensee's facility completed construction and the facility reopened, the licensee admitted multiple residents around the same time. CNS-C stated they believe they put the medications provided by the families in the medication bin and did not go through the medication to remove older medications. In addition, CNS-C stated they have been trying to manage multiple things, and it has been a challenge. CNS-C stated medications not being removed from the medication cupboard was "my fault". The licensee's 7.19 Medication Disposal policy dated June 2023 indicated expired medications managed by the licensee would be disposed of according to the accepted practices of the Minnesota Board of Pharmacy and the labels from the containers would be destroyed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21145	A. BUILDING: _____ B. WING _____	R 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ROSE SUITES	6941 VALLEY VIEW ROAD EDINA, MN 55439

(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
01890	Continued From page 16 days	01890		

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

English Rose Suites
6941 Valley View Road
Edina, MN 55439
Hennepin County
Parcel:

Phone:

License Info

License: HFID 21145

Risk:
License:
Expires on:
CFPM: KATY KRIETER
CFPM #: 118643; Exp: 7/16/2026

Inspection Info

Report Number: F7963261009
Inspection Type: Full - Single
Date: 1/13/2026 Time: 2:44:34 PM
Duration: minutes
Announced Inspection: Yes
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

MET WITH ESTABLISHMENT REPRESENTATIVES KATY KRIETER AND ZACH PARLIER ALONG WITH MDH NURSE SURVEYOR ASHLEY CREWS.
THIS IS A RESIDENTIAL HOME DOING SAME-DAY FOOD SERVICE.
CABINETS ARE WOOD WITH LAMINATE COUNTER TOPS AND TEXTURED CEILING.
ESTABLISHMENT USES A DISHWASHER TO WASH, RINSE AND SANITIZE DISHES AND UTENSILS.

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 F7963261009 from 1/13/2026

ZACH PARLIER

Peggy Spadafore,
Public Health Sanitarian Supervisor
651-201-3979
peggy.spadafore@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

English Rose Suites
Edina
County/Group: Hennepin County

Inspection Info

Report Number: F7963261009
Inspection Type: Full
Date: 1/13/2026
Time: 2:44:34 PM

Food Temperature: Product/Item/Unit: LUNCH MEAT**; Temperature Process:**
Location: REFRIGERATOR- MAIN at 29 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: COTTAGE CHEESE**; Temperature Process:**
Location: REFRIGERATOR- MAIN at 34 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:**
Location: REFRIGERATOR- BASEMENT at 36 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

English Rose Suites
Edina
County/Group: Hennepin County

Inspection Info

Report Number: F7963261009
Inspection Type: Full
Date: 1/13/2026
Time: 2:44:34 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:**
Location: DISHWASHER RINSE **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:**
Location: SPRAY BOTTLE **Equal To** 100 PPM
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL21145016-1	**Date:** 1/13/2026
Facility Name: English Rose	
Facility Address: 6941 Valley View Road, Edina, MN 55439	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. Delayed egress locking systems shall: unlock upon activation of either the automatic sprinkler system or automatic fire detection system, unlock upon loss of power controlling the lock, have the capability of being unlocked from the fire command center and other approved locations. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.8.1]

   Comments: There were two delayed egress doors that exited the front of the facility. Neither door had the capability of being unlocked at the fire command center or other approved location.