Electronically Delivered

July 5, 2023

Licensee
Emerald Crest of Burnsville
457 East Travelers Trail
Burnsville, MN 55337

RE: Project Number(s) SL21141015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 14, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

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

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the MDH within 15 calendar days of the correction order receipt date.

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Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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Minnesota Department of Health
P.O. Box 64970
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St. Paul, MN 55164-0970

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

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-281-9796

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21141	A. BUILDING: _____ B. WING _____	06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD CREST OF BURNSVILLE	457 EAST TRAVELERS TRAIL BURNSVILLE, MN 55337

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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 the Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#21141015 On June 12, 2023, through June 14, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 59 active residents; all receiving services under the Assisted Living 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 License Providers. 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 surveyors' 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 subd. 1, 2, and 3.	
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0 480	Continued From page 1 following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and 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 included document titled, Food and Beverage Establishment Inspection Report dated June 13, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms;	0 810		

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0 810	Continued From page 2 (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to provide an accurate evacuation floor plan, required training on the fire safety and evacuation plan, and the minimum employee evacuation drills. This has the potential to directly affect the safety of all residents receiving services, staff, and visitors. This practice resulted in a level two violation (a	0 810		

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0 810	Continued From page 3 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: On June 13, 2023, approximately from 10:45 a.m. to 1:15 p.m., survey staff toured the facility with the licensed assisted living director (LALD)-A and the maintenance staff (M)-E. On June 13, 2023, at approximately 1:15 p.m., survey staff received the facility fire safety and evacuation plan and related documentation for review from the LALD-A. At approximately 2:00 p.m., document review and interview with the LALD-A indicated the following: -The floor plan layout posted throughout houses 1 through 5 incorrectly showed an exit door through the garage. Survey staff explained the garage is considered a hazardous area of the building and is not an approved exit. The LALD-A verbally verified that evacuation floor plans needed to be corrected. -Documentation review indicated the licensee did not provide the required minimum employee training specifically on the fire safety and evacuation plan twice a year on fire safety and evacuation. One record for the year 2022 (December 2022) was provided for review. -Documentation review indicated the licensee did not provide records of employee evacuation drills for the year 2022. Survey staff requested and	0 810		

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0 810	Continued From page 4 received three evacuation drills for the year 2023 but no drill records for the year 2022 was available or provided for review. The LALD-A was unsure if the 2022 records were available and she will have to look for those records. On June 13, 2023, at approximately 2:15 p.m., during the exit interview, the LALD-A acknowledged the above findings. Survey staff noted that additional records on evacuation drills for the year 2022 will be honored if received by the end of the next day (June 14, 2023). No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.	0 970		

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0 970	Continued From page 5 This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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: On June 12, 2023, at approximately 3:00 p.m., licensed assisted living director (LALD)-A provided a blank Assisted Living Contract and indicated the document was the licensee's assisted living contract signed by all residents who lived in the facility. Additionally, LALD-A provided the licensee's Resident & Family Handbook, and indicated all residents agree to the contents of the guide by signing the Assisted Living Contract. The licensee's Assisted Living Contract dated August 2022, on page 10, included a section titled 17. Personal Property and noted, "Resident agrees that Provider is not responsible for any loss or damage to Resident's personal property due to any reason or cause, including theft, other than Provider's own negligence. Resident further agrees that Provider is not responsible for damage to Resident's personal property due to fire, water, tornado or other acts of nature and events beyond Provider's control. Resident is strongly encouraged to obtain renter's insurance." The licensee's Resident & Family Handbook dated 2023, on page 11, included a section titled Resident Property/Belongings and noted, "[licensee] shall not be responsible for any money, valuables or other personal effects, such	0 970		

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0 970	Continued From page 6 as hearing aids, eyeglasses, and dentures brought onto the premises by the Resident. Resident will be advised to store personal valuables off site for safe- keeping. The Resident shall obtain and pay for any insurance coverage the Resident deems necessary to protect the Resident and the Resident's property." On June 12, 2023, at approximately 3:30 p.m., LALD-A acknowledged the licensee's lease agreement and handbook did indicate the licensee was not liable for residents' personal property and can require residents to obtain their own insurance for personal property to cover themselves. LALD-A indicated the language would need to be removed as current language did waive the licensee's liability for the residents' personal property. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.	02040		

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02040	Continued From page 7 This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to develop complete content of the required memory care site-specific safety risk assessment plan to identify mitigations on the property to protect memory care residents from harm. This has the potential to directly affect staff and all memory care residents receiving assisted living services. 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 residents). The findings include: On June 13, 2023, approximately from 10:45 a.m. to 1:15 p.m., survey staff toured the facility with the licensed assisted living director (LALD)-A and the maintenance staff (M)-E. On June 13, 2023, at approximately 1:15 p.m., survey staff received documentation from the LALD-A, undated, "Hazard Vulnerability Assessment-Safety Risk Review/Mitigation" and written purpose on the documentation stating, "To note any possible hazards make needed repairs and establish a mitigation plan or monitor as needed." The documentation had a table with three columns "Audit Item", "Condition", and "Follow Up/Repairs Needed" as part of the facility's safety risk assessment and mitigations documentation for review.	02040		

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02040	Continued From page 8 On June 13, 2023, at approximately 2:00 p.m., document review and interview with the LALD-A indicated the facility's safety risk assessment and mitigation plan was incomplete and lacked memory care mitigations in the plan to protect the memory care residents from harm. The finding was evident as the documentation provided for the review had a column for "follow-up/repairs needed" under the column "Audit Item", and no column for mitigations or preventative strategies documented to the protecting the memory care residents from harm. Survey staff explained to the LALD-A that the facility's plan is based on an audit of the conditions and needed repairs of the building and property to be conducted annually, rather than a memory care mitigation plan to protect the memory care residents from harm. The LALD-A acknowledged and agreed with the findings during the interview. The LALD-A stated that she will reach out to the corporate office to pass along the information. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		

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June 27, 2023

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Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-281-9796

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EMERALD CREST OF BURNSVILLE	457 EAST TRAVELERS TRAIL BURNSVILLE, MN 55337

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0 480	Continued From page 1 following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and 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 included document titled, Food and Beverage Establishment Inspection Report dated June 13, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor	0 970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21141	A. BUILDING: _____ B. WING _____	06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD CREST OF BURNSVILLE	457 EAST TRAVELERS TRAIL BURNSVILLE, MN 55337

(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
0 970	Continued From page 2 include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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: On June 12, 2023, at approximately 3:00 p.m., licensed assisted living director (LALD)-A provided a blank Assisted Living Contract and indicated the document was the licensee's assisted living contract signed by all residents who lived in the facility. Additionally, LALD-A provided the licensee's Resident & Family Handbook, and indicated all residents agree to the contents of the guide by signing the Assisted Living Contract. The licensee's Assisted Living Contract dated August 2022, on page 10, included a section titled 17. Personal Property and noted, "Resident agrees that Provider is not responsible for any loss or damage to Resident's personal property	0 970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21141	A. BUILDING: _____ B. WING _____	06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD CREST OF BURNSVILLE	457 EAST TRAVELERS TRAIL BURNSVILLE, MN 55337

(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
0 970	Continued From page 3 due to any reason or cause, including theft, other than Provider's own negligence. Resident further agrees that Provider is not responsible for damage to Resident's personal property due to fire, water, tornado or other acts of nature and events beyond Provider's control. Resident is strongly encouraged to obtain renter's insurance." The licensee's Resident & Family Handbook dated 2023, on page 11, included a section titled Resident Property/Belongings and noted, "[licensee] shall not be responsible for any money, valuables or other personal effects, such as hearing aids, eyeglasses, and dentures brought onto the premises by the Resident. Resident will be advised to store personal valuables off site for safe- keeping. The Resident shall obtain and pay for any insurance coverage the Resident deems necessary to protect the Resident and the Resident's property." On June 12, 2023, at approximately 3:30 p.m., LALD-A acknowledged the licensee's lease agreement and handbook did indicate the licensee was not liable for residents' personal property and can require residents to obtain their own insurance for personal property to cover themselves. LALD-A indicated the language would need to be removed as current language did waive the licensee's liability for the residents' personal property. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		

Minnesota Department of Health
Environmental Health, FPLS
P.O Box 64975
Saint Paul
651-201-4500

Type: Full
Date: *06/12/23*
Time: 14:42:59
Report: 1018231099

Food and Beverage Establishment Inspection Report

Location:
Emerald Crest Of Burnsville
457 East Travelers Trail
Burnsville, MN55337
Dakota County, 19

Establishment Info:
ID #: 0038372
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528902652
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

4-500 Equipment Maintenance and Operation

4-501.112A ** Priority 2 **

MN Rule 4626.0795A Maintain the temperature at the manifold of the hot water sanitizing rinse at a maximum temperature of 194 degrees F (90 degrees C) and no less than 165 degrees F (74 degrees C) for a single tank, stationary rack, single temperature machine or 180 degrees F (82 degrees C) for all other machines.

DISHWASHER IN HOUSE 3 WAS OBSERVED AT A MAXIMUM RINSE TEMP OF 138. COMPLY WITH RULE.

Comply By: 06/27/23

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: 3 COMPARTMENT SINK
Violation Issued: No

Hot Water: = at 165 Degrees Fahrenheit
Location: MAIN KITCHEN DISHWASHER
Violation Issued: No

Hot Water: = at 178 Degrees Fahrenheit
Location: HOUSE 5 DISHWASHER
Violation Issued: No

Hot Water: = at 138 Degrees Fahrenheit
Location: HOUSE 3 DISHWASHER
Violation Issued: Yes

Hot Water: = at 171 Degrees Fahrenheit
Location: HOUSE 2 DISHWASHER
Violation Issued: No

Hot Water: = at 165 Degrees Fahrenheit
Location: HOUSE 1 DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/ TUNA SALAD
Temperature: 40 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

Process/Item: Cold Holding/ TURKEY
Temperature: 40 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

Process/Item: Cold Holding/ BUTTER
Temperature: 39 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

Process/Item: Cold Holding/ DELI MEAT
Temperature: 39 Degrees Fahrenheit - Location: HOUSE 4 COOLER
Violation Issued: No

Process/Item: Cold Holding/ FRUIT
Temperature: 39 Degrees Fahrenheit - Location: HOUSE 5 COOLER
Violation Issued: No

Process/Item: Cold Holding/ TOMATO
Temperature: 40 Degrees Fahrenheit - Location: HOUSE 3 COOLER
Violation Issued: No

Process/Item: Cold Holding/ ENCHILADA
Temperature: 40 Degrees Fahrenheit - Location: HOUSE 2 COOLER
Violation Issued: No

Process/Item: Cold Holding/ ENCHILADA
Temperature: 39 Degrees Fahrenheit - Location: HOUSE 1 COOLER
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	1	0

ESTABLISHMENT HAS ONE MAIN KITCHEN AND 5 SATELLITE KITCHENS IN EACH HOUSE. SATELLITE KITCHENS ARE RESIDENTIAL KITCHENS AND MAIN KITCHEN IS COMMERCIAL.

DISCUSSED EMPLOYEE ILLNESS AND ILLNESS REPORTING.

ALL EGGS USED IN THE FACILITY ARE PASTEURIZED.

DISCUSSED COOLING PROCEDURES FOR BULK FOOD ITEMS.

Food and Beverage Establishment Inspection Report

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 1018231099 of 06/12/23.

Certified Food Protection Manager: EBONY S TURNER

Certification Number: FM73897 Expires: 06/27/23

Inspection report reviewed with person in charge and emailed.

Signed: _____
JILLIAN FITZGERALD

Signed: _____
Rebecca Prestwood
Sanitarian 3
6512013777
rebecca.prestwood@state.mn.us