



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 30, 2025

Licensee
English Rose Suites
6200 Loch Moor Drive
Edina, MN 55439

RE: Project Number(s) SL34598016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 21, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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 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>

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,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: jess.schoenecker@state.mn.us

Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2025
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NAME OF PROVIDER OR SUPPLIER ENGLISH ROSE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 LOCH MOOR DRIVE EDINA, MN 55439
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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
0 000	<p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL34598016</p> <p>On March 17, 2025, through March 21, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 6 residents receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 775 SS=D	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2025
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0 775	<p>Continued From page 1</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain fire safety equipment in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect some residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On March 18, 2025, from approximately 12:31 p.m. to 1:45 p.m., the surveyor toured the facility with maintenance (ME)-D and observed the following deficient conditions:</p> <p>A section of ceiling paneling was missing and had been removed around a sprinkler head near the electrical panel in the office in the lower level. The ceiling should be maintained around the sprinkler head and escutcheon to ensure fire safety equipment functions properly in event of a fire.</p> <p>The surveyor explained requirements and noted deficient conditions in the facility, as well as the importance of maintaining ceiling around sprinkler</p>	0 775		
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Minnesota Department of Health

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0 775	<p>Continued From page 2</p> <p>assembly. ME-D stated that they understood the requirements and were unsure ceiling was repaired. ME-D emailed confirmation that the ceiling had been repaired on 3/19/25 at 11:59 a.m. but did not include referenced pictures.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 775		



Minnesota Department of Health
 Environmental Health, FPLS
 P.O. Box 64975
 St. Paul, MN 55164-0975
 6512014500

Type: Full
 Date: 03/18/25
 Time: 10:00:00
 Report: 1047251072

Food and Beverage Establishment Inspection Report

Page 1

Location:

English Rose Suites
 6200 Loch Moor Drive
 Edina, MN55439
 Hennepin County, 27

Establishment Info:

ID #: 0038980
 Risk:
 Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9529830412
 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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 180 Degrees Fahrenheit
 Location: Dishmachine
 Violation Issued: No

Chlorine: = 50 ppm at Degrees Fahrenheit
 Location: Spray bottle
 Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
 Temperature: 40 Degrees Fahrenheit - Location: Refrigerator- cheese
 Violation Issued: No

Process/Item: Cold Holding
 Temperature: 39 Degrees Fahrenheit - Location: Basement refrigerator- lettuce
 Violation Issued: No

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

Inspection conducted with J. Ericksen and K. Weiman, and reviewed with MDH Nurse Evaluator E. Jones.

The establishment has a residential kitchen and serves food that is prepared that day. The kitchen has tiled floors, wood cabinets, granite countertop, and a painted ceiling. There is an additional kitchen space in the basement used primarily by employees.

An additional sink is located in the kitchen specifically for handwashing. A residential dish machine is located in the kitchen.

Type: Full
Date: 03/18/25
Time: 10:00:00
Report: 1047251072
English Rose Suites

Food and Beverage Establishment Inspection Report

Discussed handwashing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning/sanitizing, serving highly susceptible populations, and food handling procedures.

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 1047251072 of 03/18/25.

Certified Food Protection Manager Kayla L. Weiman

Certification Number: FM115006 Expires: 01/17/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
Jolynn Ericksen
Operator

Signed:  _____
Holly Sievers
Public Health Sanitarian 2
Metro Office
6512015946
Holly.Sievers@state.mn.us