Electronically Delivered

December 24, 2025

Licensee
Eagan Pointe Senior Living LLC
4232 Black Hawk Road
Eagan, MN 55122

RE: Project Number(s) SL31786016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 3, 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,

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31786	A. BUILDING: _____ B. WING _____	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGAN POINTE SENIOR LIVING LLC	4232 BLACK HAWK ROAD EAGAN, MN 55122

(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: SL31786016-0 On December 1, 2025, through December 3, 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 149 residents; 80 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.	
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication	01760		

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01760	Continued From page 1 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 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 observation, interview, and record review, the licensee failed to ensure medications were administered as ordered for one of one resident (R7). 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: On December 2, 2025, at 8:15 a.m., the surveyor observed unlicensed personnel (ULP)-G administering morning medication to R7. Voltaren cream located in the resident's locked medication cabinet did not include a measuring strip for the cream. The surveyor observed	01760		

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01760	Continued From page 2 ULP-G apply a small amount of cream to her gloved finger (pencil eraser amount) and applied it to R7's left knee. ULP-G stated, "you just do a little bit and spread it around." ULP-G further stated she had not been trained any other way to apply the medication. R7's diagnoses included cerebral vascular accident (CVA) and left sided paralysis. R7's medication administration record (MAR) dated November 2025, indicated R7 had an order for Voltaren gel three times a day to apply four grams topically to the left knee for pain. On December 2, 2025, at 10:45 a.m., regional assistant director of clinical services (RACS)-I stated the staff are trained to use the measure tool that comes with it and is usually attached with the gel tube. The licensee's Medication Management- EMAR policy dated July 1, 2023, indicated the ULP will document any reason why medication administration was not completed as prescribed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the	02320		

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02320	Continued From page 3 services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to follow delegated procedures for one of four residents (R7) receiving assistance with toileting 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: R7's diagnoses included cerebral vascular accident (CVA) and left sided paralysis. On December 2, 2025, at 8:15 a.m., the surveyor observed unlicensed personnel (ULP)-G assist R7 with morning cares. R7 was found to be wearing three briefs, two that were saturated with urine. ULP-G stated, "we are not trained to do it this way." R7's individualized services amendment, effective October 1, 2025, indicated R7 needs assistance with toileting. Resident prefers to check and change brief while in bed and will be completed at the times below: 2:00 a.m. 5:00 a.m. 9:15 a.m.	02320		

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02320	Continued From page 4 3:45 p.m. 6:45 p.m. 8:30 p.m. 11:00 p.m. The services checkoff list dated December 2025, indicated that one ULP had checked off that toileting was completed for R7 at 11:00 p.m. on December 1, 2025, in addition to 2:00 a.m. and 5:00 a.m. on December 2, 2025. The second ULP on the night shift circled the services with a reason that services were done by others. On December 2, 2025, at 10:45 a.m., regional assistant director of clinical services (RACS)-I stated the staff are not trained to double or triple brief a resident and would need to provide retraining and reminders. On December 2, 2025, during the exit conference, RACS-J reviewed the services checkoff list with the surveyor indicating that during the night, R7 does not need Hoyer lift assistance with toileting and so the normal procedure is to have one ULP assist with toileting and the other ULP to circle the services as not completed by the secondary ULP. The licensee's Orientation & Training-Competency policy, dated August 1, 2021, indicated that training and competency evaluations for all ULPs will include training and competency evaluations including appropriate and safe techniques in personal hygiene and grooming. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

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Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

EAGAN POINTE SENIOR LIVING LLC
4232 Black Hawk Road
Eagan, MN 55122
Dakota County
Parcel:

Phone:

License Info

License: HFID 31786

Risk:
License:
Expires on:
CFPM: MATTHEW A. LUCEY
CFPM #: CFPM-32385; Exp: 10/26/2028

Inspection Info

Report Number: F1005251214
Inspection Type: Full - Single
Date: 12/1/2025 Time: 10:15 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

INSPECTION COMPLETED WITH CULINARY DIRECTOR AND REVIEWED WITH HRD NURSING EVALUATOR TRACEY FEARON.

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 F1005251214 from 12/1/2025

MATT LUCEY
CULINARY DIRECTOR

Jessica Davis, REHS
Public Health Sanitarian 3
651-201-3961
jessica.davis@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

EAGAN POINTE SENIOR LIVING LLC
Eagan
County/Group: Dakota County

Inspection Info

Report Number: F1005251214
Inspection Type: Full
Date: 12/1/2025
Time: 10:15 AM

Food Temperature: Product/Item/Unit: HAM**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: LIQUID EGG**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: SOUP**; Temperature Process:** Re-Heating
Location: Stove at 175+ Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: RICE**; Temperature Process:** Cooking (plant foods)
Location: STEAMER at 205 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: PULLED PORK**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: COLESLAW**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: TURKEY**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT**; Temperature Process:** Cold-Holding
Location: Under Counter Cooler at 34 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: HARD BOILED EGG**; Temperature Process:** Cold-Holding
Location: MINI FRIDGE at 40 Degrees F.
Comment:
Violation Issued?: No

<u>Food Temperature</u>: Product/Item/Unit: HARD BOILED EGG**; Temperature Process:** Cold-Holding
Location: KITCHENETTE 1 REACH-IN at 36 Degrees F.
Comment:
Violation Issued?: No

<u>Food Temperature</u>: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: KITCHENETTE 2 REACH-IN at 40 Degrees F.
Comment:
Violation Issued?: No

<u>Food Temperature</u>: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: KITCHENETTE 3 REACH-IN at 33 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

EAGAN POINTE SENIOR LIVING LLC
Eagan
County/Group: Dakota County

Inspection Info

Report Number: F1005251214
Inspection Type: Full
Date: 12/1/2025
Time: 10:15 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Equal To 170 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: 3-Comp Sink **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: Mop Sink **Equal To** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: KITCHENETTE 1 **Equal To** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: KITCHENETTE 2 **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: KITCHENETTE 3 **Greater Than** 200 PPM
Comment:
Violation Issued?: No