DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 13, 2025

Licensee
Yorkshire of Edina Senior Living
7141 York Avenue South
Edina, MN 55435

RE: Project Number(s) SL32541016

Dear Licensee:

On September 4, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on June 25, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 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
	32541	A. BUILDING: _____ B. WING _____	R 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YORKSHIRE OF EDINA SENIOR LVG	7141 YORK AVENUE SOUTH EDINA, MN 55435

(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 FOLLOW UP SURVEY INITIAL COMMENTS SL32541016-1 On September 4, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on June 25, 2025. At the time of the survey, there were 101 residents; 83 receiving services under the Assisted Living Facility with Dementia Care license. As a result of the follow-up survey, the licensee is in substantial compliance.	{0 000}		
{0 510} SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and 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:	{0 510}	Not reviewed during this survey	

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{0 660} SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by:	{0 660}	Not reviewed during this survey	
{0 775} SS=E	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:	{0 775}	Not reviewed during this survey	
{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	{01640}		

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{01640}	Continued From page 2 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 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:	{01640}	Not reviewed during this survey	
{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 3 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:	{01760}	Not reviewed during this survey	
{01830} SS=D	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by:	{01830}	Not reviewed during this survey	

Electronically Delivered

August 13, 2025

Licensee
Yorkshire of Edina Senior Living
7141 York Avenue South
Edina, MN 55435

RE: Project Number(s) SL32541016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 25, 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 3: a fine of $3,000 per incident, 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 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. 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,

Renee Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

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YORKSHIRE OF EDINA SENIOR LIVING	7141 YORK AVENUE SOUTH EDINA, MN 55435

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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: SL32541016-0 On June 23, 2025, through June 25, 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 102 residents; 93 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.	
0 510 SS=D	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 and interview, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control. The licensee failed to ensure direct care staff performed adequate hand hygiene (HH) for one of four employees (unlicensed personnel (ULP)-E). 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). The findings include: ULP-E was hired December 9, 2024, and provided direct care services to residents. On June 24, 2025, during a continuous observation from 7:42 a.m., through 8:20 a.m.,	0 510		

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0 510	Continued From page 2 the surveyor observed ULP-E assist R2 with personal cares, catheter care, blood glucose testing, and medication administration. ULP-E donned (put on) two sets of gloves (double-gloved). ULP-E assisted R2 with personal cares and brief change with peri cares. Next, ULP-E removed top set of gloves and continued to assist R2 with dressing and transfer from toilet to wheelchair without removing both sets of gloves and completing hand hygiene. Next, with second layered gloves still on ULP-E assisted R2 with emptying their catheter bag. Next, ULP-E doffed (took off) gloves, and without completing HH, again donned two sets of gloves (double gloved). ULP-E assisted R2 with application of powder near R2's scrotal area. ULP-E removed first layer of gloves. With second layer of gloves in place, ULP-E emptied garbage and, without changing gloves or performing HH, proceeded to assist R2 with medication administration. ULP-E doffed the second layer of gloves and finally performed HH with hand sanitizer. On June 24, 2025, at 8:20 a.m., ULP-E stated she was not aware that she could not double glove when providing cares for the residents. ULP-E acknowledged an understanding that it was important to change gloves and complete HH between cares. On June 24, 2025, at 9:25 a.m., clinical nurse supervisor (CNS)-B stated staff were trained upon hire and annually, to perform HH between cares and between residents. CNS-B also verbalized staff were trained to remove gloves, complete hand hygiene, and then re-glove if needed. CNS-B stated staff should never double glove for resident cares.	0 510		

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0 510	Continued From page 3 The licensee's Gloving procedure training, dated February 2021, indicated, "Gloves must be changed between different cares along with proper hand washing/disinfecting to prevent cross-contamination; this includes changing cares for the same tenant (example: going from toileting to oral care, new gloves and hand hygiene must be performed). Discard gloves properly after each individual use. Wash hands after use of gloves. The licensee's Hand Hygiene policy, revised July 2021, indicated, "Handwashing shall be performed by all employees, as necessary, between tasks and procedures, and after bathroom use to prevent cross-contamination." In addition, included, "Hand Hygiene and Gloves - When conducting a procedure requiring the use of gloves, proper hand hygiene shall be completed before donning gloves and after removing gloves. Gloves must be changed between different cares along with proper hand hygiene/disinfecting to prevent cross-contamination; this includes changing gloves during cares for the same resident (example: going from toileting to oral care, new gloves and hand hygiene must be performed). Refer to Guideline: PPE Selection and Use." The Centers for Disease Control and Prevention (CDC) guidance, CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, revised November 29, 2022, indicated standard precautions were to be used to care for all patients in all settings to include HH, and noted, "Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: a. Immediately before touching a patient	0 510		

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0 510	Continued From page 4 b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices c. Before moving from work on a soiled body site to a clean body site on the same patient d. After touching a patient or the patient's immediate environment e. After contact with blood, body fluids or contaminated surfaces f. Immediately after glove removal." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 660		

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0 660	Continued From page 5 licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline TB testing for one of three employees (licensed practical nurse (LPN)-D). 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). The findings include: LPN-D was hired December 15, 2023, and provided direct nursing cares and services to residents. LPN-D's employee record included a TB history and symptom screening questionnaire dated December 15, 2023, but lacked a baseline TB test. On June 24, 2025, at 12:55 p.m., licensed assisted living director (LALD)-A stated they did not have a TB test for LPN-D, and it must have been missed. The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines indicated, Baseline TB screening consists of three components: 1. Assessing for current symptoms of active TB disease;	0 660		

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0 660	Continued From page 6 2. Assessing TB history; and 3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single IGRA. In addition, "An employee may begin working with patients after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative IGRA or TST (i.e., first step) dated within 90 days before hire. The second TST may be performed after the healthcare worker (HCW) starts working with patients." The MDH Assisted Living Resources and Frequently Asked Questions website updated December 13, 2024, included under Tuberculosis Screening, "Each facility must establish and maintain a comprehensive TB infection control program according to the most current tuberculosis infection control guidelines issued by the United States CDC, Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers." The licensee's TB Infection Control Plan policy revised September 2021, indicated, "Tuberculosis screenings are required for all employees who share the same air space as the resident/tenant, both paid and unpaid, at the time of hire or more often as indicated. Also, included, "All HCW's (health care workers) should receive baseline TB screening upon hire using a two-step TST or single blood test to test for infection with M. tuberculosis."	0 660		

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0 660	Continued From page 7 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 775 SS=E	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 maintain facility in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect some 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 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 June 24, 2025, from approximately 12:40 p.m. to 3:10 p.m., the surveyor toured the facility with licensed assisted living director (LALD)-A, director of environmental services (DES)-G, and regional environmental services lead (RESL)-H. During the tour, the surveyor observed the following deficient conditions:	0 775		

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	32541	A. BUILDING: _____ B. WING _____	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YORKSHIRE OF EDINA SENIOR LVG	7141 YORK AVENUE SOUTH EDINA, MN 55435

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0 775	Continued From page 8 Multiplug adapters were in use in resident room 115. Three multiplug adapters were in use in resident room 115, which are not rated for continued use and may pose risk of fire hazard. Multiplug adapters and extension cord were in use in resident room 101. Extension cords and multiplug adapters should not be used in lieu of permanent wiring as they are not rated for continuous use and may pose a fire risk. One multiplug adapter was in use in resident room 330, which is not rated for continued use and may pose risk of fire hazard. One multiplug adapter was in use in resident room 332, which is not rated for continued use and may pose risk of fire hazard. LALD-A, DES-G and RESL-H acknowledged the use of the multiplug adapters and extension cords and indicated that the use of such devices goes against the building policy, and they would conduct further training with residents to avoid use of such devices. On June 24, 2025, the surveyor explained to LALD-A and DES-G the requirements for use of multiplug adapters. DES-G stated they understood requirements and would make appropriate changes. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
01290 SS=I	144G.60 Subdivision 1 Background studies required	01290		

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01290	Continued From page 9 (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to obtain a cleared a department of human services (DHS) NETStudy 2.0 background study, for two of six employees (unlicensed personnel (ULP)-I, receptionist/concierge (R)-J). This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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: ULP-I ULP-I was hired on November 28, 2023, to	01290		

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01290	Continued From page 10 provide direct care services to residents. ULP-I's employee record lacked documentation of a DHS NETStudy 2.0 cleared background study. The licensee's employee schedule for June 1, 2025, to June 24, 2025, indicated ULP-I worked: -7:00 a.m., to 3:00 p.m., on June 8, June 2; -3:00 p.m., to 11:00 p.m., on June 8; and -11:00 p.m. to 7:00 a.m., on June 1, June 5, June 19-21. R-J R-J was hired on October 20, 2023, and provided the residents and visitors with direct administrative and concierge services. R-J's employee record lacked documentation of a DHS NETStudy 2.0 cleared background study. R-J employee timecards for May 1,2025, to June 20, 2025, indicated R-J worked: -3:30 p.m., to 8:00 p.m., on May 3; -3:28 p.m., to 8:00 p.m., on May 4; -3:28 p.m., to 8:00 p.m., on May 9; -3:30 p.m., to 8:00 p.m., on May 17; -3:29 p.m., to 8:00 p.m., on May 18; -3:26 p.m., to 8:00 p.m., on June 1; and -3:31 p.m., to 8:00 p.m., on June 15. On June 23, 2025, at 11:50 a.m., the licensed assisted living director (LALD)-A provided, via email, the licensee's DHS NETStudy 2.0 active employee roster. The roster did not include ULP-I or R-J. On June 24, 2025, at 12:55 p.m., LALD-A stated the system indicated both ULP-I and R-J were separated (no longer employed). LALD-A stated	01290		

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01290	Continued From page 11 he was trying to find out what happened with these two employees. Finally, LALD-A stated he removed both ULP-I and R-J from the employee schedule immediately until the licensee received a cleared background study. On June 24, 2025, at 2:13 p.m., regional director of operations (RDO)-K stated both ULP-I and R-J had completed fingerprinting upon hire but missed completing the background check consent process sent to each of their emails. As a result of not completing the consents, RDO-K verbalized, both ULP-I and R-J did not have a cleared background study. Finally, RDO-K stated the licensee removed both employees from the schedule and initiated the background study process for ULP-I and R-J. The licensee's undated Background Check Review Process indicated all licensee employees. In addition, under Guidelines included, "1. All candidates are required to complete disclosure and authorization forms, authorizing [Licensee] to conduct Federal and State specific background checks. 2. Upon return of successful background screenings and studies-candidate may be moved through onboarding process. 3. [Licensee] will decline any new hire that is not cleared by State or Federal Study." No further information was provided. TIME PERIOD OF CORRECTION: Immediate	01290		
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	01640		

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01640	Continued From page 12 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 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 finalize a written service plan within 14 calendar days for one of four residents (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) 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: R4 began receiving assisted living services on	01640		

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01640	Continued From page 13 February 11, 2021. On June 24, 2025, at 7:32 a.m., the surveyor observed R4's apartment with clinical nurse supervisor (CNS)-B. R4 was lying supine in her hospital bed with bilateral upper side rails in the upright position. CNS-B stated R4 had left sided paralysis. R4's medical record included an unsigned service plan titled, "Service Addendum to the Assisted Living Contract", dated May 2, 2025, indicating R4 received services including assistance with housekeeping, meals, laundry, bathing, dressing, blood glucose monitoring, and medication administration. R4's medical record lacked an initial written service plan finalized no later than 14 days after the initiation of services, or February 25, 2021. R4's current service plan lacked a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. On June 25, 2025, at 9:45 a.m., licensed assisted living director (LALD)-A stated the licensee was not able to find an initial service plan for R4. LALD-A verbalized they looked in other record storage locations and they have been unable to find these service plan documents. Also, LALD-A stated he was aware the initial service plans should be stored in the resident's medical records. The licensee's Service Plan policy, revised September 2023, indicated, "All services provided to clients will be delivered after an assessment by an RN is completed, an up-to date Service Plan is signed by an RN and the client or the client's	01640		

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01640	Continued From page 14 designated representative. Service Addendum to the Assisted Living Contract shall be signed on day of admission. The home care provider shall finalize a written service plan within 14 days after the initiation of home care services to a client. The service plan and any revision must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
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 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 medication was administered as prescribed, by following the	01760		

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01760	Continued From page 15 proper insulin administration process, for one of four 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's diagnoses included atrial fibrillation (irregular heart rhythm) and type two diabetes (insulin dependent). R3's service plan dated June 10, 2025, indicated the resident received services including assistance with personal cares, catheter care, insulin, and medication administration. R3's medication orders signed by the provider June 15, 2025, included orders for Lantus Solostar (long-acting) insulin 100 units (u) per milliliter (ml), inject 10 u subcutaneously once daily. On June 24, 2025, at 8:20 a.m., the surveyor observed unlicensed personnel (ULP)-E assisting R3 with insulin administration. ULP-E administered ten units of Lantus insulin subcutaneously in R3's left abdomen, without first priming the pen by dialing and wasting two units of insulin. ULP-E stated she had not been trained to prime the insulin pen with two units prior to dialing the insulin dosage ordered by the provider.	01760		

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01760	Continued From page 16 On June 24, 2025, at 9:25 a.m., clinical nurse supervisor (CNS)-B stated all direct caregivers were trained to prime the insulin pen with two units before dialing the insulin pen to the provider-ordered dosage. The Lantus Solostar Instructions for Use dated December 1, 2021, indicated, "Step 3: Perform a safety test Always perform the safety test before each injection. This ensures that you get an accurate dose by: -ensuring that pen and needle work properly -removing air bubbles -A. Select a dose of 2 units by turning the dosage selector clockwise. -B. Take off the outer needle cap and keep it to remove the used needle after injection. Take off the inner needle cap and discard it. -C. Hold the pen with the needle pointing upwards. -D. Tap the insulin reservoir so that any air bubbles rise up towards the needle. -E. Press the injection button all the way in. Check if insulin comes out of the needle tip." The licensee's Skill: Assisting with Insulin Administration procedure training, dated February 2021, indicated, "Priming the insulin pen. The insulin pen is to be primed prior to each use to prevent the collection of air in the insulin reservoir. -Dial 2 units by turning the dose selector clockwise -With the needle pointing up, push on the plunger, and watch to see that at least one drop of insulin appears on the tip of the needle. If not, repeat this procedure until at least one drop of insulin appears."	01760		

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01760	Continued From page 17 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01830 SS=D	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to renew prescriptions at least every 12 months for one of four residents (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 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: R5's diagnoses included frontotemporal dementia, and delusional disorders. R5's service plan dated March 5, 2025, indicated R5 received services including assistance with vital sign monitoring, and medication management.	01830		

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01830	Continued From page 18 On June 24, 2025, at 7:01 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R5 with medication administration. R5's medication administration record (MAR) dated June 1, 2025, through June 24, 2025, indicated R5 was scheduled to take the following medications: -Austedo (to treat involuntary movement disorders) 6 milligrams (mg), one tablet, two times daily; -gabapentin (for pain) 600 mg, one tablet, three times daily; -hydroxyzine hydrochloride (for anxiety) 25 mg, one tablet, three times daily; -lamotrigine (treats seizures and bipolar disorder)150 mg, one tablet, two times daily; -omeprazole (treats excess stomach acid) 10 mg, one tablet, once daily; -vilazodone (for depression) 30 mg, one tablet, once daily; -vitamin D3 (supplement) 1000 units (u), two capsules, once daily; -loperamide (for diarrhea) 2 mg, one tablet, once daily; -donepezil (treats dementia) 10 mg, one tablet, once daily at bedtime; -trazodone (to help with sleep) 50 mg, one tablet, once daily at bedtime; -Aspercreme (for pain) 4 percent (%), apply topically, four times daily, make keep at bedside; and -hydrocortisone cream (treats inflammation) 2.5%, apply topically, two times daily, may keep at bedside. R5's medical record included signed provider orders including: -loperamide 2 mg, one tablet, once daily; dated	01830		

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01830	Continued From page 19 June 5, 2025; -gabapentin 600 mg, one tablet, three times daily; dated April 29, 2025; -Austedo 6 mg, one tablet, two times daily; dated March 19, 2025; -hydroxyzine hydrochloride, 25 mg, one tablet three times daily; dated January 16, 2025; -hydrocortisone cream 2.5%, apply topically, two times daily, make keep at bedside; dated October 9, 2024; and -omeprazole 10 mg, one tablet, once daily; dated August 27, 2024. R5's medical record included a Physicians Order Sheet signed March 22, 2022 (over three years prior to the survey date), that included the following: -lamotrigine 150 mg, one tablet two times daily; -vilazodone 30 mg, one tablet, once daily; -vitamin D3 1000 u, two capsules, once daily; -donepezil 10 mg, one tablet, once daily at bedtime; -trazodone 50 mg, one tablet, once daily at bedtime; and -Aspercreme 4 %, apply topically, four times daily, may keep at bedside. R5's medical record lacked signed provider orders dated within the previous year, for the above-listed medications. On June 25, 2025, at 10:52 a.m., clinical nurse supervisor (CNS)-B stated the only annual signed orders found for R5 were completed in March 2022. CNS-B verbalized she was unable to locate current signed annual provider orders for some of R5's medications. CNS-B stated she reached out to R5's provider and was in the process of obtaining a current, signed provider orders for R5's medications.	01830		

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01830	Continued From page 20 The licensee's Medications & Treatments Order policy revised April 2025, included, "10. The licensed nurse will ensure that the prescriber reviews/ renews a medication or treatment order at least every 12 months, or more frequently as needed." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01830		

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

Yorkshire of Edina Senior Lvg
7141 York Avenue South
Edina, MN 55435
Hennepin County
Parcel:

Phone:

License Info

License: HFID 32541

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F7994251052
Inspection Type: Full - Single
Date: 6/23/2025 Time: 11:56:34 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

FACILITY HAS A CONTRACTED FOOD SERVICE AND IS INSPECTED BY CITY OF EDINA. NO FOOD INSPECTION WILL BE PERFORMED AT THIS TIME.

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 F7994251052 from 6/23/2025

Establishment Representative

Crystal Elva, REHS, MS, BS
Public Health Sanitarian 3
651-201-3981
crystal.elva@state.mn.us