



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 29, 2025

Licensee
Silvercrest Properties LLC
8501 Flying Cloud Drive
Eden Prairie, MN 55344

RE: Project Number(s) SL21963016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 10, 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 . . ."

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 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20;

Level 5: a fine of \$5,000 per violation, 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 - 0100 - 144g.10 Subdivision 1 - License Required - \$500.00

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,500.00**. 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

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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.

INFORMAL CONFERENCE

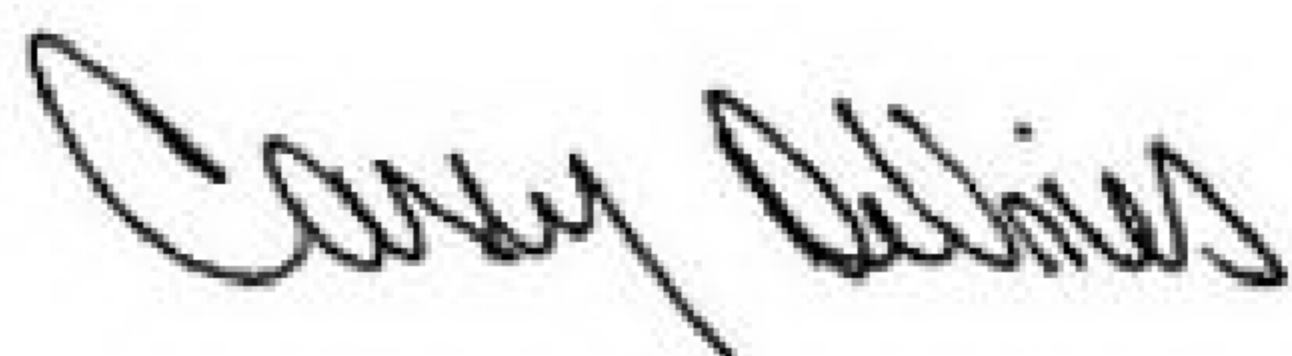
In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Silvercrest Properties LLC. Please contact Casey DeVries at 651-201-5917 on or before Wednesday, September 3, 2025, to schedule the conference call.

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,



Casey DeVries, Supervisor

State Evaluation Team

Email: Casey.DeVries@state.mn.us

Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2025
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NAME OF PROVIDER OR SUPPLIER SILVERCREST PROPERTIES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8501 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344
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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>***ATTENTION***</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>SL21963016-0</p> <p>On July 7, 2025, through July 10, 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 76 residents; 56 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>	
0 100 SS=F	<p>144G.10 Subdivision 1 License required</p> <p>(a)(1) Beginning August 1, 2021, no assisted</p>	0 100		

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

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0 100	<p>Continued From page 1</p> <p>living facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living facility areas and any licensed areas subject to another license type.</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.</p> <p>(e) Upon approving an application for an assisted</p>	0 100		

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0 100	<p>Continued From page 2</p> <p>living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to manage, control, and operate the entire building as an assisted living facility when the licensee shared the building for mixed use with non-assisted living occupants. This had the potential to affect all 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's address 8501 Flying Cloud Drive and was licensed as an assisted living with dementia care (ALFDC). The 8501 Flying Cloud Drive address was connected to 8505 Flying Cloud Drive, which was an unlicensed</p>	0 100		

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0 100	<p>Continued From page 3</p> <p>independent living building owned and operated by the licensee's parent company.</p> <p>On July 7, 2025, at 12:01 p.m., during a tour of the facility, licensed assisted living director (LALD)-A stated on the lower level of the licensee's building, the point of separation between the ALFDC and independent living was seen as being the corner of the chapel and extended across the lower-level hallway. Additionally, LALD-A stated the carpet changes between the ALFDC and unlicensed independent living facility were also used as an indicator to differentiate between licensed and unlicensed facility.</p> <p>On July 10, 2025, at 10:14 a.m., engineer evaluator survey staff indicated via email that the documentation provided by the licensee did not indicate that the licensee had the required separation at the end of the licensed area leading into the unlicensed area, and it appeared that the licensee was lacking any separation in the basement of the facility, and that the upper floors had a 1-hour separation.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 100		
0 480 SS=F	<p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed</p>	0 480		

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0 480	<p>Continued From page 4</p> <p>capacity of ten or fewer residents:</p> <p>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;</p> <p>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;</p> <p>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;</p> <p>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;</p> <p>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb</p>	0 480		

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0 480	<p>Continued From page 5</p> <p>breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>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.</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, but was not likely to cause serious injury, impairment, or death), and is 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated, July 8, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		

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0 700	Continued From page 6	0 700		
0 700 SS=F	<p>144G.43 Subdivision 1 Resident record</p> <p>(b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure resident's personal health and medical information was kept private. This had the potential to affect all residents residing within the facility.</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 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).</p> <p>The findings include:</p> <p>On July 8, 2025, at 8:02 a.m., the surveyor observed unlicensed personnel (ULP)-F utilize an iPad logged into the licensee's electronic medication record (EMAR) to prepare medications for residents receiving medications managed by the licensee. After completing set up of medications, the surveyor observed ULP-F leave the iPad unlocked and open on a medication cart located in the hallway of the</p>	0 700		

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0 700	<p>Continued From page 7</p> <p>facility. This resulted in all resident records being unsecured and accessible by unauthorized users.</p> <p>On July 8, 2025, at 2:52 p.m., director of nursing (DON)- B stated staff were trained to carry the iPads with them when administering medications, and if the iPads are left unattended, they should be locked or powered down.</p> <p>The licensee's 2.12 Confidentiality dated August 1, 2021, indicated the following: "Personal, financial, medical, or other private information regarding residents or staff should not be disclosed to any other person except: - As may be required by law - To other staff as appropriate or necessary to provide services - To persons authorized in writing by the resident or resident's responsible person to receive the information, including third party payers, or - To representatives of the commissioner authorized to survey or investigate any part of the community."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 700		
0 750 SS=D	<p>144G.43 Subd. 5 Record retention</p> <p>Following the resident's discharge or termination of services, an assisted living facility must retain a resident's record for at least five years or as otherwise required by state or federal regulations. Arrangements must be made for secure storage and retrieval of resident records if the facility ceases to operate.</p>	0 750		

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0 750	<p>Continued From page 8</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain resident records for at least five years for one of four residents (R2) reviewed.</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, 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).</p> <p>The findings include:</p> <p>On July 7, 2025, at 1:22 p.m., the surveyor requested documentation of assessments for R2 from licensed assisted living director (LALD)-A, clinical supervisor (CNS)-C, and regional director (RD)-I via email.</p> <p>R2 was admitted to the licensee on July 24, 2021, and began receiving assisted living services on August 1, 2021.</p> <p>R2's record contained an assessment titled Admission Assessment dated May 19, 2022, which occurred 299 days after R2's actual admission date of July 24, 2021, and 271 days after R2's start of care within the licensee's converted assisted living licensure on August 1, 2021.</p> <p>R2's record lacked documentation of an admission assessment occurring on the actual date of admission on July 24, 2021, or on the</p>	0 750		

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0 750	<p>Continued From page 9</p> <p>licensee's conversion date of August 1, 2021.</p> <p>On July 8, 2025, at 11:13 a.m., director of nursing (DON)-B stated R2 was admitted prior to the implementation of the licensee's electronic health record (EHR) and the admission assessment for R2 would have been completed on paper. DON-B stated the admission record was likely lost during this transition to the licensee's new electronic health record (EHR) or during record thinning.</p> <p>On July 8, 2025, at 2:52 p.m., DON-B stated it was the policy of the licensee to maintain resident records for seven years.</p> <p>The licensee's 2.39 Record - Retention policy dated December 14, 2021, indicated the resident record is retained for five years following the termination of an assisted living contract.</p> <p>No further information was provided.</p> <p>TIME PERIOD OF CORRECTION: Seven (7) days</p>	0 750		
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</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 comply with Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents.</p>	0 775		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2025
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NAME OF PROVIDER OR SUPPLIER SILVERCREST PROPERTIES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8501 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344
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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
0 775	<p>Continued From page 10</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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On July 7, 2025, the surveyor toured the facility with maintenance (M)-D and maintenance (M)-E. The following was observed.</p> <p>FIRE DOOR OPERATION: There were multiple fire doors in the following locations that would not close and latch automatically: third floor elevator lobby, community room on third floor, and community room on fourth floor</p> <p>Swinging fire doors shall close from the full-open position and latch automatically.</p> <p>CONTROLLED EGRESS DOORS: When interviewed about the magnetic locking system in the memory care unit M-E and M-D stated that they were not aware of a button or switch in an approved location that would release the magnetic locks on the exit doors. A switch or button was not able to be located during the tour.</p> <p>The egress control locking system shall have the capability of being unlocked by a signal or switch from the fire command center, a nursing station, or other approved location. The signal or switch shall directly break power to the lock.</p>	0 775		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2025
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NAME OF PROVIDER OR SUPPLIER SILVERCREST PROPERTIES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8501 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344
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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
0 775	Continued From page 11 ACCESS TO THE PUBLIC WAY: There are two doors that egress into a courtyard from memory care. The gate the exit the courtyard was locked with a keyed deadbolt lock. Approved exiting hardware is required on all egress doors and gates. Exit discharge shall provide a direct and unobstructed access to a public way. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 775		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2025
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NAME OF PROVIDER OR SUPPLIER SILVERCREST PROPERTIES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8501 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344
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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
0 780	<p>Continued From page 12</p> <p>buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that functioned and were interconnected so that the actuation of one alarm caused all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents.</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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On July 7, 2025, the surveyor toured the facility with maintenance (M)-D, and (M)-E. Survey staff asked M-D to initiate a test of the smoke alarms throughout the facility.</p> <p>Upon testing, it was found that the smoke alarms in resident room 219 were not interconnected. When tested the smoke alarms inside of the rooms were found to be interconnected with each other, but the smoke alarm in the common hallway was not interconnected with the smoke alarms in the bedrooms.</p>	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2025
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NAME OF PROVIDER OR SUPPLIER SILVERCREST PROPERTIES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8501 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344
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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
0 780	<p>Continued From page 13</p> <p>All dwelling units required to have multiple smoke alarms are required to have interconnected alarms so activation of one alarm activates all alarms within the dwelling unit.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 780		



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

Page: 1

Establishment Info

Silvercrest Properties LLC
8501 Flying Cloud Drive
Eden Prairie, MN 55344
Hennepin County
Parcel:

Phone:

License Info

License: HFID 21963

Risk:
License:
Expires on:
CFPM: Jason Hollenbeck
CFPM #: 58701; Exp: 5/7/2028

Inspection Info

Report Number: F7963251022
Inspection Type: Full - Single
Date: 7/8/2025 Time: 3:10:18 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery: Emailed

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers

3-304.14B *Priority Level: Priority 3 CFP#: 41*

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

COMMENT: MEMORY CARE FLOOR 1- WET WIPING RAG FOUND IN SINK. STORE WET TOWELS IN APPROVED SANITIZER.

Comply By: 7/8/2025 Originally Issued On: 7/8/2025

New Order: 4-600 Cleaning Equipment and Utensils

4-602.13 *Priority Level: Priority 3 CFP#: 49*

MN Rule 4626.0855 Clean all non-food-contact surfaces of equipment at a frequency necessary to preclude accumulation of soil residues.

COMMENT: MAIN KITCHEN- HOOD FILTERS IN COOKING AREA HAVE AN ACCUMULATION OF GREASE. CLEAN AND KEEP CLEAN..

Comply By: 7/15/2025 Originally Issued On: 7/8/2025

Food & Beverage General Comment

MET WITH ESTABLISHMENT REPRESENTATIVES STEVE CAMERON, JASON HOLLENBECK AND ASSISTANT DIETARY MANAGER ALONG WITH HRD NURSE SURVEYOR ZACH MORTH. DISCUSSED THE FOLLOWING-

- EMPLOYEE ILLNESS POLICY AND LOG
- REPORTABLE DISEASES
- VOMIT/FECAL CLEAN-UP
- HIGHLY SUSCEPTIBLE POPULATION REQUIREMENTS
- USING TIME AS A PUBLIC HEALTH CONTROL DURING MEAL TIMES ONLY (FOOD IS DISCARDED AFTER SERVICE). CONSIDER SUBMITTING A TIME AS A PUBLIC HEALTH CONTROL POLICY APPLICATION. CONTACT SANITARIAN FOR FORM.
- SANITIZER AND HOT WATER TESTING

THIS IS A COMMERCIAL FACILITY. THE MAIN KITCHEN IS LOCATED IN THE ASSISTED LIVING BUILDING ALONG WITH A SERVING KITCHEN OFF OF THE MAIN DINING ROOM. THE MEMORY CARE AREA HAS 2 SERVICE KITCHENS LOCATED ON THE 1ST AND 2ND FLOORS.

A SWIMMING POOL, SPA, BISTRO AND ADDITIONAL SERVING AREA ARE LOCATED IN THE INDEPENDENT LIVING BUILDING. THIS IS LICENSED AND INSPECTED BY HENNEPIN CO. ENVIRONMENTAL HEALTH.

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 F7963251022 from 7/8/2025



Jason Hollenbeck
PIC

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



Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Page: 1

Establishment Info

Silvercrest Properties LLC
Eden Prairie
County/Group: Hennepin County

Inspection Info

Report Number: F7963251022
Inspection Type: Full
Date: 7/8/2025
Time: 3:10:18 PM

Food Temperature: Product/Item/Unit: STUFFED SHELLS; **Temperature Process:**

Location: WALKIN at 38 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: RAW GR BEEF; **Temperature Process:**

Location: WALKIN at 38 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: CUT MELON; **Temperature Process:**

Location: WALKIN at 39 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: RICE; **Temperature Process:**

Location: SERVING LINE at 166 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: SHRIMP; **Temperature Process:**

Location: SERVING LINE at 135 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: SL TOMATO; **Temperature Process:**

Location: SERVING LINE COOLER at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: BROCCHEESE SOUP; **Temperature Process:**

Location: SERVING LINE at 177 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; **Temperature Process:**

Location: MEMORY CARE FLOOR 2 at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; **Temperature Process:**

Location: MEMORY CARE FLOOR 1 at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: RICE; Temperature Process:

Location: MEMORY CARE FLOOR 2 at 161 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; Temperature Process:

Location: AL SERVICE AREA at 41 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

Page: 1

Establishment Info

Silvercrest Properties LLC
Eden Prairie
County/Group: Hennepin County

Inspection Info

Report Number: F7963251022
Inspection Type: Full
Date: 7/8/2025
Time: 3:10:18 PM

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:**

Location: COOKING LINE Equal To 200 PPM

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Sink and Surface; **Sanitizing Process:** Dispenser

Location: MOP AREA Equal To PPM

Comment: 7.81 ML/L

Violation Issued?: No

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: MAIN KITCHEN Equal To 166 Degrees F.

Comment:

Violation Issued?: No

Metro District Office Minnesota Department of Health 625 Robert St N, PO BOX 64975 St Paul, MN 55164	No. of Risk Factor/Intervention/Violations	0	Date: 7/8/2025
	No. of Repeat Risk Factor/Intervention/Violations		Time: 3:10:18 PM
	Score (optional)		Dur: min
Establishment: Silvercrest Properties LLC	Address: 8501 Flying Cloud Drive	City/State: Eden Prairie, MN	Zip: 55344
License/Permit #: HFID 21963	Permit Holder:	Purpose of Inspection: Full	Est. Type: Risk Category:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS	R
Supervision			
1	IN		
Person in charge present, demonstrate knowledge and performs duties			
2	IN		
Certified Food Protection Manager			
Employee Health			
3	IN		
knowledge, responsibilities, and reporting			
4	IN		
Proper use of restriction and exclusion			
5	IN		
Response to vomiting, diarrheal events			
Good Hygienic Practices			
6	IN		
Proper eating, tasting, drinking, tobacco use			
7	IN		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
8	IN		
Hands clean and properly washed			
9	IN		
No bare hand contact with RTE foods, alternatives			
10	IN		
Adequate handwashing sinks supplied and access			
Approved Source			
11	IN		
Food obtained from approved source			
12	N/O		
Food Received at proper temperature			
13	IN		
Food in good condition, safe & unadulterated			
14	N/A		
Records available: shellstock tags, parasite dest.			
Protection From Contamination			
15	IN		
Food separated and protected			
16	IN		
Food-contact surfaces; cleaned & sanitized			
17	IN		
Proper Disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	N/O		
Proper cooking time & temperatures			
19	N/O		
Proper reheating procedures for hot holding			
20	N/O		
Proper cooling time and temperature			
21	IN		
Proper hot holding temperatures			
22	IN		
Proper cold holding temperatures			
23	IN		
Proper date marking & disposition			
24	N/A		
Time as public health control; procedures & record			
Consumer Advisory			
25	IN		
Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
26	IN		
Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances			
27	N/A		
Food additives; approved & properly used			
28	N/A		
Toxic substances properly identified; stored; used			
Conformance with Approved Procedures			
29	N/A		
Compliance with variance, specialized processes & HACCP plan			

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	N/A		
Pasteurized eggs used where required			
31			
Water & ice from approved source			
32	N/A		
Variance obtained for specialized processing methods			
Food Temperature Control			
33			
Proper cooling methods used; adequate equipment for temperature control			
34	N/O		
Plant food properly cooked for hot holding			
35	IN		
Approved thawing methods used			
36			
Thermometers provided & accurate			
Food Identification			
37			
Food properly labeled; original container			
Prevention of Food Contamination			
38			
Insects, rodents, & animals not present; no unauthorized person			
39			
Contamination prevented during food prep, storage, & display			
40			
Personal cleanliness			
41			
Wiping cloths: properly used & stored			
42			
Washing fruits & vegetables			

Compliance Status		COS	R
Proper Use of Utensils			
43			
In-use utensils; Properly stored			
44			
Utensils, equipment & linens; properly stored, dried, handled			
45			
Single-use & single-service articles, properly stored and used			
46			
Gloves used properly			
Utensils, Equipment and Vending			
47			
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48			
Warewashing facilities: installed, maintained, used; test strips			
49			
Non-food contact surfaces clean			
Physical Facilities			
50			
Hot & cold water available; adequate pressure			
51			
Plumbing installed; proper backflow devices			
52			
Sewage & waste water properly disposed			
53			
Toilet facilities; properly constructed, supplied & cleaned			
54			
Garbage & refuse properly disposed; facilities maintained			
55			
Physical facilities installed, maintained & clean			
56			
Adequate ventilation & lighting; designated areas used			
57			
Compliance with MCIAA			
58			
Compliance with licensing and plan review			

Person in Charge (signature) Inspector (signature)	Follow-up: Follow-up Date:
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