Electronically Delivered

May 16, 2025

Licensee
Silvercrest Properties LLC
6501 Woodlake Drive
Richfield, MN  55423

RE:  Project Number(s) SL20869016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 16, 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 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 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 - 0775 - 144g.45 Subd. 2. (a) - 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 $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 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**

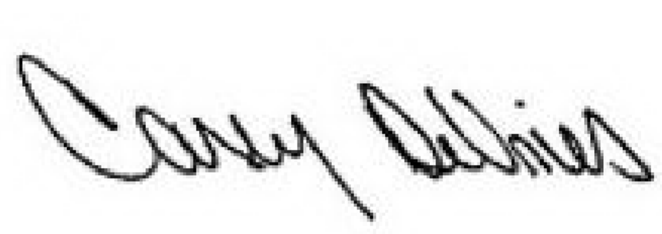
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms 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,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey DeVries
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 20869 | A. BUILDING: _____ B. WING _____ | 04/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SILVERCREST PROPERTIES LLC | 6501 WOODLAKE DRIVE RICHFIELD, MN 55423 |

| (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 |
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| 0 000 | Initial Comments<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL20869016-0<br><br>On April 14, 2025, through April 16, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 226 residents; 73 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| 0 480 SS=F | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services | 0 480 | | |

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| 0 480 | Continued From page 1<br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(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;<br>(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;<br>(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;<br>(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;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are | 0 480 | | |

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| 0 480 | Continued From page 2<br><br>allowed provided the facility keeps them clean and in good condition;<br>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 14, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee on April 16, 2025.<br><br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |

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| 0 660 SS=D | 144G.42 Subd. 9 Tuberculosis prevention and control<br><br>(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.<br>(b) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to conduct tuberculosis (TB) testing for one of two employees (unlicensed personnel (ULP)-B).<br><br>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).<br><br>The findings include:<br><br>The licensee's TB risk assessment was completed on March 10, 2025. The licensee was | 0 660 | | |

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| 0 660 | Continued From page 4<br>at a low risk level.<br><br>ULP-B was hired on July 19, 2021, to provide direct cares to residents.<br><br>ULP-B's employee record lacked a baseline TB testing.<br><br>On April 15, 2025, at 9:28 a.m., the surveyor observed ULP-B administer medications to R4 and R7.<br><br>On April 15, 2025, at 12:12 p.m., an email from licensed assisted living director (LALD)-D indicated, "We have removed [ULP-B] from the floor to go to Concentra to get [their] TB completed & [they] will remain off the floor until test results are received."<br><br>On April 15, 2025, at 2:06 p.m., LALD-D stated they were unable to locate ULP-B's TB test results and were unsure if it had been completed.<br><br>The Minnesota Department of Health TB FAQ, last updated on December 13, 2024, indicated baseline TB screening is required at the time of hire for all health care personnel in Minnesota which included, "testing for the presence of Mycobacterium tuberculosis by administering either a two-step tuberculin skin test (TST) or single TB blood test."<br><br>The licensee's 8.16 Tuberculosis Screening policy dated August 1, 2021, indicated, "New staff will have an IGRA blood test or a two-step Mantoux conducted with results documented on the Baseline TB Screening Tool for HCWs."<br><br>No further information was provided. | 0 660 | | |

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| 0 660 | Continued From page 5<br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 660 | | |
| 0 730 SS=F | 144G.43 Subd. 3 Contents of resident record<br><br>Contents of a resident record include the following for each resident:<br>(1) identifying information, including the resident's name, date of birth, address, and telephone number;<br>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;<br>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;<br>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;<br>(5) the resident's advance directives, if any;<br>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;<br>(7) the facility's current and previous assessments and service plans;<br>(8) all records of communications pertinent to the resident's services;<br>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; | 0 730 | | |

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| 0 730 | Continued From page 6<br><br>(11) documentation that services have been provided as identified in the service plan;<br>(12) documentation that the resident has received and reviewed the assisted living bill of rights;<br>(13) documentation of complaints received and any resolution;<br>(14) a discharge summary, including service termination notice and related documentation, when applicable; and<br>(15) other documentation required under this chapter and relevant to the resident's services or status.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure resident records included documentation of services provided for three of three residents (R2, R3, R4).<br><br>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).<br><br>The findings include:<br><br>R2<br>R2 was admitted to the licensee on October 30, 2024.<br><br>R2's Service Plan dated March 28, 2025, indicated R2 received services for housekeeping, incontinence management, manage behavior, positioning/repositioning, record blood pressure, record pulse, and shaving. | 0 730 | | |

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| 0 730 | Continued From page 7<br><br>R2's Service Recap Summary for April 2025, lacked documentation of services provided for the following services and dates:<br>-housekeeping; April 1;<br>-incontinence management; April 13;<br>-manage behavior - physical aggression; April 1, 4, 11 and 12;<br>-manage behavior - verbal aggression; April 1, 4, 7, 11 and 12;<br>-positioning/repositioning; April 13;<br>-record blood pressure; April 7;<br>-record pulse; April 7; and<br>-shaving; April 2 and 9.<br><br>R3<br>R3 was admitted to the licensee on February 8, 2024.<br><br>R3's Service Plan dated March 14, 2025, indicated R3 received services for activity assistance, bed making, bed mobility, dressing, drinking assistance, eating assistance, escort/mobility assistance, glasses care, grooming, housekeeping, laundry, linen change, meal assistance, meal reminder, medication administration, safety checks, shaving, and toileting and transfer assistance with lift.<br><br>R3's Service Recap Summary for April 2025, lacked documentation of services provided for the following services and dates:<br>-activity assistance; April 1 and 2;<br>-bed making; April 1 and 2;<br>-bed mobility; April 1 and 2;<br>-dressing - AM; April 1 and 2;<br>-drinking assistance; April 1 and 2;<br>-eating assistance; April 1 and 2;<br>-escort/mobility assistance; April 1 and 2;<br>-glasses care; April 1 and 2; | 0 730 | | |

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| 0 730 | Continued From page 8<br><br>-grooming ; April 1 and 2;<br>-housekeeping; April 1 and 2;<br>-laundry; April 2;<br>-linen Change; April 2;<br>-meal assistance; April 1 and 2;<br>-meal reminder; April 1 and 2;<br>-medication administration; April 1 and 2;<br>-safety check; April 1 and 2;<br>-shaving; April 1 and 2;<br>-toileting; April 1 and 2; and<br>-transfer assistance- lift; April 1 and 2.<br><br>R4<br>R4 was admitted to the licensee on January 6, 2025.<br><br>R4's Service Plan dated January 11, 2025, indicated R4 received services for bed making, compression stockings on and off, dressing AM and PM, drink assist, escort/mobility assist, grooming, manage behavior, nail care, safety check, skin care, and toileting.<br><br>R4's Service Recap Summary for April 2025, lacked documentation of services provided for the following services and dates:<br>-bed making; April 12;<br>-compression stockings on; April 1-8 and 12;<br>-compression stockings off; April 1-8 and 12;<br>-dressing AM; April 12;<br>-dressing PM; April 12;<br>-drink assist; April 12;<br>-escort/mobility assist; April 12;<br>-grooming; April 12;<br>-manage behavior - aggression<br>-manage behavior - physical aggression; April 2 and 12;<br>-nail care; April 12;<br>-safety check; April 12;<br>-skin care; April 12; and | 0 730 | | |

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| 0 730 | Continued From page 9<br>-toileting; April 12.<br><br>On April 15, 2025, at 9:39 a.m., the surveyor observed unlicensed personnel (ULP)-B administer medications to R4.<br><br>On April 15, 2025, at 1:34 p.m., clinical nurse supervisor (CNS)-A stated service documentation should never be left blank; if a resident refused a service, then the ULP should document it as refused. CNS-A stated they were constantly working with staff on documentation and felt like it was an ongoing problem.<br><br>The licensee's 2.37 Resident Record - Documentation policy dated June 2024, indicated, "Staff of [Licensee] authorized to document in a resident record will do so for all medications, services, treatments, and therapies for each resident. Staff will also document other important and pertinent information relating to each resident." It further indicated, "When medications, services, treatments, or therapies or not performed per the service agreement and schedule, staff must document the reason why it was not performed or administered."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 730 | | |
| 0 775 SS=F | 144G.45 Subd. 2. (a) Fire protection and physical environment<br><br>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: | 0 775 | | |

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| SILVERCREST PROPERTIES LLC | 6501 WOODLAKE DRIVE RICHFIELD, MN 55423 |

| (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 10<br><br>This MN Requirement is not met as evidenced by:<br>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.<br><br>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).<br><br>The findings include:<br><br>On April 16, 2025, the surveyor toured the facility with licensed assisted living director (LALD)-D, LALD-F, director of environmental services (DES)-G, and DEG-H. The following was observed.<br><br>There were several fire doors that would not close and latch in the following locations: resident room 1008, 9th floor new elevator lobby, 8th floor old elevator lobby, 8th floor trash chute, stair 1 floor 5, and 4th floor new elevator lobby.<br><br>Swinging fire doors shall close from the full-open position and latch automatically.<br><br>The door to resident room 803 had a gap on the hinge side large enough that light was visible when the door was in the closed position.<br><br>The fire-resistance rating and smoke-resistant | 0 775 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 20869 | A. BUILDING: _____ B. WING _____ | 04/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SILVERCREST PROPERTIES LLC | 6501 WOODLAKE DRIVE RICHFIELD, MN 55423 |

| (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<br>characteristics of smoke barriers shall be maintained.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 775 | | |
| 0 790 SS=C | 144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment<br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to maintain the portable fire extinguishers. This deficient condition had the potential to affect all staff, residents, and visitors.<br><br>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).<br><br>The findings include: | 0 790 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 20869 | A. BUILDING: _____ B. WING _____ | 04/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SILVERCREST PROPERTIES LLC | 6501 WOODLAKE DRIVE RICHFIELD, MN 55423 |

| (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 |
|---|---|---|---|---|
| 0 790 | Continued From page 12<br><br>On April 16, 2025, the surveyor toured the facility with licensed assisted living director (LALD)-D, LALD-F, director of environmental services (DES)-G, and DEG-H. The portable fire extinguishers throughout the facility lacked records to show monthly visual inspections were complete.<br><br>Portable fire extinguishers must be provided with monthly visual inspections or "quick checks" of each extinguisher by their employees to ensure all portable extinguishers are readily available, fully charged, and operable at their designated location with no obvious physical damage or condition to the extinguisher that would prevent their operation when needed.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 790 | | |
| 01890 SS=D | 144G.71 Subd. 20 Prescription drugs<br><br>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure time-sensitive medications were labeled with an opened-on date for one of three residents (R6).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or | 01890 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 20869 | A. BUILDING: _____ B. WING _____ | 04/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SILVERCREST PROPERTIES LLC | 6501 WOODLAKE DRIVE RICHFIELD, MN 55423 |

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|---|---|---|---|---|
| 01890 | Continued From page 13<br><br>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).<br><br>The findings include:<br><br>R6 was admitted to the licensee on July 28, 2022, and had a diagnosis of diabetes.<br><br>R6's Service Plan Detail signed January 27, 2025, indicated R6 received services for medication administration and blood glucose monitoring.<br><br>R6's Med Admin Summary for April 2025, indicated R6 took Lantus Solostar 100 units (u)/milliliter (ml) subcutaneous (SQ) solution pen-injector, 3ml; take 16u SQ every evening. It further indicated R6 was administered 16u on April 9-14, 2025.<br><br>On April 15, 2025, at 9:48 a.m., the surveyor observed the medication cart on the memory care unit with unlicensed personnel (ULP)-B. The surveyor observed R6's Lantus pen had 120u of 300u remaining in the insulin pen which indicated it was partially used. ULP-B stated the insulin pen was currently in use. ULP-B stated they thought an insulin pen expired after one month. ULP-B stated they did not know who opened the insulin pen. ULP-B stated they were trained to label insulin pens with an opened-on date if they opened a new one.<br><br>On April 15, 2025, at 1:34 p.m., clinical nurse supervisor (CNS)-A stated the licensed practical | 01890 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 20869 | A. BUILDING: _____ B. WING _____ | 04/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SILVERCREST PROPERTIES LLC | 6501 WOODLAKE DRIVE RICHFIELD, MN 55423 |

| (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 |
|---|---|---|---|---|
| 01890 | Continued From page 14<br><br>nurses (LPN) labeled resident insulin pens. CNS-A stated they were unsure if ULP were labeling insulin pens with opened-on dates or not. CNS-A stated the LPNs audited the medication carts daily and must have missed the unlabeled insulin pen.<br><br>The manufacturer instructions for Lantus Solostar insulin pen, revised in 2022, indicated an in-use insulin pen should be disposed of 28 days after opening.<br><br>The licensee's 7.11 Medication Storage policy dated August 1, 2021, indicated, "Medications will be stored consistent with manufacturer's recommendations (refrigerated, room temperature, or frozen).<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01890 | | |

Minnesota Department Of Health
Food, Pools, and Lodging Services
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *04/14/25*
Time: 12:00:05
Report: 1050251068

# Food and Beverage Establishment Inspection Report



**Location:**
Silvercrest Properties Llc
6501 Woodlake Drive
Richfield, MN55423
Hennepin County, 27

**Establishment Info:**
ID #: 0037901
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6127464703
ID #:

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

The following orders were issued during this inspection.

**4-300 Equipment Numbers and Capacities**

***4-302.14*** ***** Priority 2 *****

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

BISTRO KITCHEN DOES NOT HAVE SANITIZER TESTING KIT ON SITE. PROVIDE AND USE TEST KIT TO CHECK SANITIZER CONCENTRATION. COMPLY WITH RULE ABOVE.

*Comply By: 04/14/25*

**6-500 Physical Facility Maintenance/Operation and Pest Control**

***6-501.16***

MN Rule 4626.1540 Hang mops to dry after each use and do not store mops in a manner that will soil walls, equipment or supplies.

OBSERVED WET MOP LAYING DOWN IN THE CORNER. DISCUSSED UTILIZING THE HOOKS TO HANG MOPS TO ALLOW THEM TO PROPERLY AIR DRY. COMPLY WITH RULE ABOVE.

*Comply By: 04/14/25*

**Surface and Equipment Sanitizers**

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit
Location: Dispenser
Violation Issued: No

Hot Water: = at 178F Degrees Fahrenheit
Location: Diswasher (Main)
Violation Issued: No

Hot Water: = at 170F Degrees Fahrenheit
Location: Dishwasher (Memory Care)
Violation Issued: No

Hot Water: = at 168F Degrees Fahrenheit
Location: Diswasher (Bistro)
Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: Cold Holding/Carrots
Temperature: 41F Degrees Fahrenheit - Location: Reach-In Cooler
Violation Issued: No

Process/Item: Cold Holding/Ham
Temperature: 39F Degrees Fahrenheit - Location: Reach-In Cooler
Violation Issued: No

Process/Item: Hot Holding/Taco Meat
Temperature: 178F Degrees Fahrenheit - Location: Steam Table
Violation Issued: No

Process/Item: Cold Holding/Tuna
Temperature: 37F Degrees Fahrenheit - Location: Walk-In Cooler
Violation Issued: No

Process/Item: Cold Holding/Sub
Temperature: 41F Degrees Fahrenheit - Location: Walk-In Cooler
Violation Issued: No

Process/Item: Cold Holding/Potatoes
Temperature: 39F Degrees Fahrenheit - Location: Walk-In Cooler
Violation Issued: No

Process/Item: Cold Holding/Melons
Temperature: 37F Degrees Fahrenheit - Location: Walk-In Cooler
Violation Issued: No

Process/Item: Cold Holding/Salad
Temperature: 37F Degrees Fahrenheit - Location: Walk-In Cooler
Violation Issued: No

Process/Item: Cold Holding/Cheese
Temperature: 39F Degrees Fahrenheit - Location: Walk-In Cooler
Violation Issued: No

Process/Item: Cold Holding/Cucumber
Temperature: 38F Degrees Fahrenheit - Location: Walk-In Cooler
Violation Issued: No

Process/Item: Cold Holding/Mayo
Temperature: 39F Degrees Fahrenheit - Location: Walk-In Cooler
Violation Issued: No

Process/Item: Hot Holding/Soup
Temperature: 168F Degrees Fahrenheit - Location: Steam Well
Violation Issued: No

Type: Full
Date: *04/14/25*
Time: 12:00:05
Report: 1050251068
Silvercrest Properties Llc

# Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding/Apple Sauce
Temperature: 38F Degrees Fahrenheit - Location: Walk-In Cooler
Violation Issued: No

---

Process/Item: Cold Holding/Ambient
Temperature: -1F Degrees Fahrenheit - Location: Freezer
Violation Issued: No

---

Process/Item: Hot Holding/Sausage
Temperature: 207F Degrees Fahrenheit - Location: Fryer Walk-In Cooler (Bistro)
Violation Issued: No

---

Process/Item: Hot Holding/Fries
Temperature: 168F Degrees Fahrenheit - Location: Fryer Walk-In Cooler (Bistro)
Violation Issued: No

---

Process/Item: Cold Holding/Ambient
Temperature: -1F Degrees Fahrenheit - Location: Freezer
Violation Issued: No

---

Process/Item: Cold Holding/Fruit
Temperature: 41F Degrees Fahrenheit - Location: Walk-In Cooler (Bistro)
Violation Issued: No

---

Process/Item: Cold Holding/Ham
Temperature: 41F Degrees Fahrenheit - Location: Walk-In Cooler (Bistro)
Violation Issued: No

---

Process/Item: Cold Holding/Tomatoes
Temperature: 40F Degrees Fahrenheit - Location: Walk-In Cooler (Bistro)
Violation Issued: No

---

Process/Item: Cold Holding/Salad
Temperature: 39F Degrees Fahrenheit - Location: Walk-In Cooler (Bistro)
Violation Issued: No

---

Process/Item: Cold Holding/Bacon
Temperature: 39F Degrees Fahrenheit - Location: Walk-In Cooler (Bistro)
Violation Issued: No

---

Process/Item: Cold Holding/Peppers
Temperature: 38F Degrees Fahrenheit - Location: Walk-In Cooler (Bistro)
Violation Issued: No

---

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

Announced inspection completed by MDH Andrew Spaulding and Steve Cameron on 4/14/25.

Discussed the food deliveries, Vomit Kit, ware washing, cleaning, sanitizer use, final cook temperatures, illness policy, and food handling procedures.

Type: Full
Date: *04/14/25*
Time: 12:00:05
Report: 1050251068
Silvercrest Properties Llc

# Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department Of Health inspection report number 1050251068 of 04/14/25.

Certified Food Protection Manager: Ellen J. Aldrich-Goldstein

Certification Number: FM69462 Expires: 09/08/25

**Inspection report reviewed with person in charge and emailed.**

Signed:_____

Steve Cameron
Director of Dining Services

Signed:_____

Andrew Spaulding
Public Health Sanitarian 2
FPLS Metro
651-201-5298
andrew.spaulding@state.mn.us

Report #: 1050251068

# Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department Of Health
Food, Pools, and Lodging Services
P.O. Box 64975
St. Paul, MN 55164-0975

| | |
|---|---|
| No. of RF/PHI Categories Out | 0 |
| No. of Repeat RF/PHI Categories Out | 0 |
| Legal Authority MN Rules Chapter 4626 | |

Date 04/14/25
Time In 12:00:05
Time Out

| | Address | City/State | Zip Code | Telephone |
|---|---|---|---|---|
| Silvercrest Properties Llc | 6501 Woodlake Drive | Richfield, MN | 55423 | 6127464703 |

| License/Permit # | Permit Holder | Purpose of Inspection | Est Type | Risk Category |
|---|---|---|---|---|
| 0037901 | | Full | | |

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

**IN=** in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

| Compliance Status | | COS | R |
|---|---|---|---|
| **Supervision** | | | |
| 1 | IN OUT | PIC knowledgeable; duties & oversight | |
| 2 | IN OUT N/A | Certified food protection manager, duties | |
| **Employee Health** | | | |
| 3 | IN OUT | Mgmt/Staff;knowledge,responsibilities&reporting | |
| 4 | IN OUT | Proper use of reporting, restriction & exclusion | |
| 5 | IN OUT | Procedures for responding to vomiting & diarrheal events | |
| **Good Hygenic Practices** | | | |
| 6 | IN OUT N/O | Proper eating, tasting, drinking, or tobacco use | |
| 7 | IN OUT N/O | No discharge from eyes, nose, & mouth | |
| **Preventing Contamination by Hands** | | | |
| 8 | IN OUT N/O | Hands clean & properly washed | |
| 9 | IN OUT N/A N/O | No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed | |
| 10 | IN OUT | Adequate handwashing sinks supplied/accessible | |
| **Approved Source** | | | |
| 11 | IN OUT | Food obtained from approved source | |
| 12 | IN OUT N/A N/O | Food received at proper temperature | |
| 13 | IN OUT | Food in good condition, safe, & unadulterated | |
| 14 | IN OUT N/A N/O | Required records available; shellstock tags, parasite destruction | |
| **Protection from Contamination** | | | |
| 15 | IN OUT N/A N/O | Food separated and protected | |
| 16 | IN OUT N/A | Food contact surfaces: cleaned & sanitized | |
| 17 | IN OUT | Proper disposition of returned, previously served, reconditioned, & unsafe food | |

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

**Risk factors** (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) 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" 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

| | | | COS | R |
|---|---|---|---|---|
| **Safe Food and Water** | | | | |
| 30 | IN OUT N/A | Pasteurized eggs used where required | | |
| 31 | | Water & ice obtained from an approved source | | |
| 32 | IN OUT N/A | Variance obtained for specialized processing methods | | |
| **Food Temperature Control** | | | | |
| 33 | | Proper cooling methods used; adequate equipment for temperature control | | |
| 34 | IN OUT N/A N/O | Plant food properly cooked for hot holding | | |
| 35 | IN OUT N/A N/O | Approved thawing methods used | | |
| 36 | | Thermometers provided & accurate | | |
| **Food Identification** | | | | |
| 37 | | Food properly labled; original container | | |
| **Prevention of Food Contamination** | | | | |
| 38 | | Insects, rodents, & animals not present | | |
| 39 | | Contamination prevented during food prep, storage & display | | |
| 40 | | Personal cleanliness | | |
| 41 | | Wiping cloths: properly used & stored | | |
| 42 | | Washing fruits & vegetables | | |

| | | | 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 & used | | |
| 46 | | Gloves used properly | | |
| **Utensil Equipment and Vending** | | | | |
| 47 | | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 48 | X | 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 | X | Physical facilities installed, maintained, & clean | | |
| 56 | | Adequate ventilation & lighting; designated areas used | | |
| 57 | | Compliance with MCIAA | | |
| 58 | | Compliance with licensing & plan review | | |

**Food Recalls:**

**Person in Charge (Signature)** **Date:** 04/15/25

Inspector (Signature)