



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 25, 2025

Licensee

Select Senior Living Coon Rapids LLC
11350 Martin Street Northwest
Coon Rapids, MN 55433

RE: Project Number(s) SL25729016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 28, 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 - 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.

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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,

A handwritten signature in black ink that reads "Kelly Thorson". The signature is written in a cursive, flowing style.

Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25729	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2025
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NAME OF PROVIDER OR SUPPLIER SELECT SR LVG COON RAPIDS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11350 MARTIN STREET NW COON RAPIDS, MN 55433
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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>SL25729016-0</p> <p>On October 20, 2025, through October 28, 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 81 residents; all of whom were 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>	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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0 480	<p>Continued From page 1</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 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,</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>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 breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and</p> <p>(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) 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 21, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p>	0 480		

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0 480	Continued From page 3	0 480		
0 510 SS=F	<p>144G.41 Subd. 3 Infection control program</p> <p>(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.</p> <p>(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.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain an effective infection control program to comply with acceptable health care, medical, and nursing standards for infection control, by not cleaning shared equipment, and not performing appropriate hand hygiene, for one of three employees (unlicensed personnel (ULP)-B). This had the potential to affect all 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) 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</p>	0 510		

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0 510	<p>Continued From page 4 of the residents).</p> <p>The findings include:</p> <p>ULP-B began employment with the licensee and started providing assisted living services March 18, 2025.</p> <p>On October 21, 2025, at 7:40 a.m., ULP-B was observed to take a shared blood glucose monitor from the medication cart and without cleaning it, and get R5's blood glucose. ULP-B without cleaning the monitor placed the blood glucose monitor back in the holder and lock it in the medication cart.</p> <p>On October 21, 2025, at 7:51 a.m., ULP-B stated, "No, we never clean the machine between uses, we clean the machine at the beginning of the shift and the end of the shift, some people have their own machines, I was never taught to do that (to clean between uses)."</p> <p>On October 21, 2025, at 11:14 a.m. clinical nurse supervisor (CNS)-D stated, "They should clean it before and after every use is what they are taught. Are they not doing that?"</p> <p>The licensee's 8.03 Cleaning of Shared Medical Equipment policy, dated August 1, 2021, indicated, "Glucometers used by multiple residents must be cleaned and disinfected in the following manner between resident use:</p> <ul style="list-style-type: none"> a. Clean the glucometer to remove blood by following manufacturer instructions. b. Disinfect the glucometer by following manufacturer instructions, making sure any product you use is effective against bloodborne pathogens. Follow disinfection product 	0 510		
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0 510	Continued From page 5 instructions to make sure it is applied properly and remains on the glucometer for the required amount of time (typically two minutes). c. Remove gloves, dispose of gloves, and wash hands. Store glucometer appropriately." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (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; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to	0 730		

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0 730	<p>Continued From page 6</p> <p>the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(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;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident record included a discharge summary with the required content for one of two discharged residents (R1).</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>	0 730		

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0 730	<p>Continued From page 7</p> <p>The findings include:</p> <p>R1 was admitted to the licensee on February 20, 2023, and discharged to another facility on September 8, 2025.</p> <p>R1's record lacked a discharge summary that complied with part 4659.0120, subpart 9 to include:</p> <p>A. a summary of the resident's stay that includes diagnoses, courses of illnesses, allergies, treatments and therapies, and pertinent lab, radiology, and consultation results;</p> <p>B. a final summary of the resident's status from the latest assessment or review under Minnesota Statutes, section 144G.70, if applicable, that includes the resident status, including baseline and current mental, behavioral, and functional status;</p> <p>C. a reconciliation of all predischarge medications with the resident's post discharge prescribed and over-the-counter medications; and</p> <p>D. a post discharge plan that is developed with the resident and, with the resident's consent, the resident's representatives, which will help the resident adjust to a new living environment. The post discharge plan must indicate where the resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any post discharge medical and nonmedical services the resident will need.</p> <p>On October 21, 2025, at 11:20 a.m., clinical nurse supervisor (CNS)-D acknowledged the items were missing and stated, "I don't know why that was missed, that is not our standard of practice, we usually fill out a complete discharge summary."</p>	0 730		
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0 730	Continued From page 8 The licensee's 7.23 Medication Disposal policy, dated August 1, 2021, indicated, Staff of [Licensee's] facilities will dispose any medication, as needed, in a proper way including following the guidelines of the Minnesota Board of Pharmacy. No further information was provided. TIME PERIOD FOR CORRECTIONS: Twenty-one (21) days	0 730		
0 775 SS=F	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 comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all 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, 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 the potential to affect a large portion or all of the residents). The findings include:	0 775		

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0 775	<p>Continued From page 9</p> <p>During facility tour on October 28, 2025, from 9:34 a.m. through 11:03 a.m., with licensed assisted living director (LALD)-C and maintenance (M)-H, the surveyor observed doors with exits signs above them leading into both stairways in the memory care area. The doors were equipped with magnetic locks that required a code to unlock. The surveyor did not observe a button or switch that would deactivate the locks. The locks were not capable of being deactivated by a signal or switch located in an approved location as required in State Fire Code in Minnesota Rules, chapter 7511.</p> <p>During same tour the surveyor observed two sets of doors in the dining room that had exit signs above them. The doors were equipped with slide locks on the bottom of the doors. One set of doors had a slide lock at the top of the door and keyed lock that were not operable from the egress side. State Fire Code in Minnesota Rules, chapter 7511 requires egress doors be equipped with hardware that is operable from the egress side of the doors without the use of keys or special knowledge. All locks and latches shall be installed between 34 inches and 48 inches above the floor.</p> <p>LALD-C and M-H verified the above findings while accompanying on the tour and stated they understood the requirements.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 775		
01060 SS=F	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(a) A facility may remove a resident from the</p>	01060		

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01060	<p>Continued From page 10</p> <p>facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <p>(1) the reason for the relocation;</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;</p> <p>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and</p> <p>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes</p>	01060		
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01060	<p>Continued From page 11</p> <p>a termination and triggers the termination process in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, or designated representative for one of one the licensee's residents (R3).</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 October 21, 2025, at 1:05 p.m., surveyor requested to see emergency relocation forms for residents that had been hospitalized in the past six months.</p> <p>R3 was admitted to the licensee, and began receiving care on October 28, 2024.</p> <p>R3's signed service plan dated July 2, 2025, indicated R3 received services including catheter cares, medication administration, ambulation and transfer assistance, assistance with grooming, bathing, toileting, housekeeping, and laundry.</p> <p>R3's Progress Note dated May 2, 2025, indicated R3 had returned from a hospital visit that began</p>	01060		

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01060	<p>Continued From page 12 on April 30, 2025.</p> <p>R3's record lacked a written notice that contains, at a minimum:</p> <ul style="list-style-type: none"> - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. <p>On October 21, 2025, at 1:05 p.m., regional registered nurse (RRN)-G stated, "We do not have those, we are identifying that this is an ongoing issue, our nurse came from skilled nursing and thought she needed to do a bed hold so emergency relocations were not being completed."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01060		
01440 SS=D	<p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a</p>	01440		

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01440	<p>Continued From page 13</p> <p>registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed supervision of an unlicensed personnel within 30 calendar days of beginning to provide delegated tasks for one of three unlicensed personnel (ULP)-A.</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</p>	01440		
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01440	<p>Continued From page 14</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-A was hired on June 28, 2024, to provide direct care services to residents.</p> <p>On October 21, 2025, at 7:00 a.m., surveyor observed ULP-A assist resident (R3) with medication administration.</p> <p>ULP-A's record lacked evidence a RN conducted direct supervision of ULP-B within 30 days of performing delegated tasks.</p> <p>On October 21, 2025, at 11:01 a.m., licensed assisted living director (LALD)-C stated, "He is one that we didn't have, I didn't see it in there."</p> <p>The Licensee's 6.17 Supervision of Staff - Delegated Services policy date February 11, 2022, indicated, "Direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for [Licensee] and first performs the delegated tasks for residents and thereafter as needed based on performance."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01440		
01620 SS=F	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(a) Residents who are not receiving any assisted living services shall not be required to undergo</p>	01620		

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01620	<p>Continued From page 15</p> <p>an initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</p> <p>(c) Resident reassessment and monitoring must be conducted by a registered nurse:</p> <p>(1) no more than 14 calendar days after initiation of services;</p> <p>(2) as needed based on changes in the resident's needs; and</p> <p>(3) at least every 90 calendar days.</p> <p>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of</p>	01620		
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01620	<p>Continued From page 16</p> <p>the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted an admission assessment and ongoing nursing assessments not to exceed every 90-days for two of five residents (R2 and R6).</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>R2 R2 was admitted to the licensee and began receiving services on February 28, 2025.</p> <p>R2's diagnoses included type 2 diabetes mellitus and (ADHD) attention deficit hyperactivity disorder (a neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity that can</p>	01620		
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01620	<p>Continued From page 17</p> <p>affect daily functioning and development).</p> <p>R2's signed service plan, dated June 17, 2025, indicated R2 received services including dressing, bathing, toileting, transportation assist, bed making, housekeeping, linen, laundry, and medication administration.</p> <p>R2 had comprehensive assessments signed and dated June 10, 2025, and September 9, 2025, indicating 91 days had passed between assessment.</p> <p>R6 R6 was admitted to the licensee and began receiving services on March 21, 2024.</p> <p>R6's diagnoses included major depressive disorder and Parkinson's disease.</p> <p>R6's signed service plan, dated July 7, 2025, indicated R6 received services including AM/PM (morning/evening) cares (grooming and putting on/taking off make-up), dressing, three times weekly shower, ambulation assistance, housekeeping, grooming, bed making, laundry, medication administration, toileting, and transfer assistance.</p> <p>R6's record included a comprehensive assessment dated April 4, 2025, and August 1, 2025, indicating 119 days had passed without an assessment completed.</p> <p>On October 21, 2025, at 11:29 a.m., regional registered nurse (RRN)-G stated, "We have a newer nurse manager, and she thought she could open it and do it and sign it later, so we have talked with her about that, and we are</p>	01620		

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01620	Continued From page 18 working on correcting that." The licensee's 6.01 Assessments, Reviews & Monitoring policy, dated August 1, 2021, indicated, "Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for	01730		

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01730	<p>Continued From page 19</p> <p>monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain a current individualized medication management record for each resident to include all required content for one of four residents (R2).</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</p>	01730		

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01730	<p>Continued From page 20</p> <p>a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2 was admitted to the licensee and began receiving services on February 28, 2025.</p> <p>R2's diagnoses included type 2 diabetes mellitus and (ADHD) attention deficit hyperactivity disorder (a neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity that can affect daily functioning and development).</p> <p>R2's signed service plan, dated June 17, 2025, indicated R2 received services including dressing, bathing, toileting, transportation assist, bed making, housekeeping, linen, laundry, and medication administration.</p> <p>R2's Individualized Medication Management Plan & Review dated September 9, 2025, lacked documentation of specific resident instructions related to the administration of medications.</p> <p>R2's record included a signed doctors medication order, dated July 23, 2025, for 15 units (U) daily of Lantus and a signed doctors medication order, dated March 5, 2025, for Novolog 2U, three times daily.</p> <p>R2's Medication Sheet, dated October 1, 2025, through October 31, 2025 indicated R2 received, Lantus inject 15U subcutaneously daily and indicated, "***MEDICATION TO BE REFRIGERATED BEFORE OPENING, MAY BE LEFT AT ROOM TEMP ONCE OPENED-**DO NOT REFRIGERATE AFTER FIRST USE**</p>	01730		

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01730	<p>Continued From page 21</p> <p>FOR: Diabetes" as well as, Novolog inject 2U subcutaneously three times daily and indicated, ***MEDICATION TO BE REFRIGERATED BEFORE OPENING, MAY BE LEFT AT ROOM TEMP ONCE OPENED** FOR: Type 2 diabetes mellitus with hyperglycemia"</p> <p>R2's record lacked instructions for when it would be necessary to hold insulin or update a nurse.</p> <p>On October 21, 2025, at 11:21 a.m., clinical nurse supervisor (CNS)-D stated, "I don't know why we don't have in there when they should hold insulin for a low blood sugar, but we will get that fixed right away, it is usually something we identify."</p> <p>The licensee's 7.36 Insulin policy, dated, August 1, 2022, indicated, "Review the MAR, if resident needs glucose monitoring, do so before preparing insulin. Chart the blood glucose results on the MAR/EMAR. Follow any instructions related to parameters. (i.e. Notify nursing if BS is greater than 250)."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01730		
01760 SS=D	<p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>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</p>	01760		

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01760	<p>Continued From page 22</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered per prescriber orders for one of five residents (R2).</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>R2 was admitted to the licensee and began receiving services on February 28, 2025.</p> <p>R2's diagnoses included type 2 diabetes mellitus and (ADHD) attention deficit hyperactivity disorder (a neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity that can affect daily functioning and development).</p> <p>R2's signed service plan, dated June 17, 2025,</p>	01760		
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NAME OF PROVIDER OR SUPPLIER SELECT SR LVG COON RAPIDS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11350 MARTIN STREET NW COON RAPIDS, MN 55433
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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
01760	<p>Continued From page 23</p> <p>indicated R2 received services including dressing, bathing, toileting, transportation assist, bed making, housekeeping, linen, laundry, and medication administration.</p> <p>R2's record included a signed doctors medication order, dated July 23, 2025, for 15 units (U) daily of Lantus and a signed doctors medication order, dated March 5, 2025, for Novolog 2U, three times daily.</p> <p>R2's Medication Sheet dated October 1, 2025, through October 31, 2023, included Lantus 15 units daily, and Novolog 2 units given three times a day.</p> <p>On October 21, 2025, at 8:03 a.m., unlicensed personnel (ULP)-E was observed during the morning medication pass for R2. ULP-E grabbed a Novolog pen and without verifying on the electronic medication administration record (EMAR) ULP-E dosed up 15 units of Novolog, then ULP-E grabbed another Novolog pen and dosed up the 2 units of Novolog per the EMAR. ULP-E then locked the cart and proceeded to go to R2's room to administer both doses of Novolog. Surveyor stopped the medication administration and had ULP-E review the medications. ULP-E acknowledged that the 15 units of Novolog should have been Lantus and stated, "The [Lantus pen] was empty so I grabbed the extra [Novolog pen]."</p> <p>On October 21, 2025, at 11:25 a.m., clinical nurse supervisor (CNS)-D stated, "Everything is on the EMAR they should be pulling up meds (medications) and comparing it to the EMAR and do their checks."</p>	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25729	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2025
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NAME OF PROVIDER OR SUPPLIER SELECT SR LVG COON RAPIDS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11350 MARTIN STREET NW COON RAPIDS, MN 55433
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01760	Continued From page 24 The licensee's 7.08 Medication Management - Administration & Setup policy, dated August 1, 2025, did not address the six rights for administration of pharmacy packaged medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescription medications were securely locked in a substantially constructed compartment and permitted only authorized personnel to have access. 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:	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25729	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2025
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NAME OF PROVIDER OR SUPPLIER SELECT SR LVG COON RAPIDS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11350 MARTIN STREET NW COON RAPIDS, MN 55433
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01880	<p>Continued From page 25</p> <p>On October 21, 2025, from 8:03 a.m. through 8:36 a.m., surveyor observed unlicensed personnel (ULP)-E administer medications to R2. After ULP-E dosed up all of R2's medications, ULP-E discovered they needed a new insulin pen. At 8:20 a.m., ULP-E left all of R2's morning medications that had just been dosed into a medication cup, on the cart and leaving the cart unlocked, ULP-E went to another floor of the facility to obtain a new insulin pen. ULP-E arrived back at the medication cart at 8:26 a.m.</p> <p>On October 21, 2025, at 11:22 a.m., clinical nurse supervisor (CNS)-D stated the staff should be, "Locking the cart, all medications should be kept locked in the cart."</p> <p>The licensee's 7.11 Medication Storage policy, dated August 1, 2021, indicated, "When medications are managed and stored by the facility, medications will be kept securely locked and stored per manufacturer's directions. Only authorized staff will have access to stored medications."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		
01910 SS=D	<p>144G.71 Subd. 22 Disposition of medications</p> <p>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been</p>	01910		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25729	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2025
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01910	<p>Continued From page 26</p> <p>discontinued or have expired may be provided for disposal.</p> <p>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.</p> <p>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of medication to include the medication strength, prescription number, quantity, date of disposition, and names of staff and other individuals involved in the disposition for one of three discharged residents (R1).</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>	01910		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25729	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2025
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01910	<p>Continued From page 27</p> <p>R1 was admitted to the licensee on February 20, 2023, and discharged to another facility on September 8, 2025.</p> <p>R1's record lacked a medication disposition to include the to whom the medications were given, and names of staff and other individuals involved in the disposition.</p> <p>On October 21, 2025, at 11:19 a.m., clinical nurse supervisor (CNS)-D acknowledged the items were missing and indicated all medications that were disposed of should have a record indicating the "signature of person disposing the medications, and where you are disposing them to, the medication name, the quantity and date disposed."</p> <p>The licensee's 7.23 Medication Disposal policy, dated, August 1, 2021, indicated, "Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01910		



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

SELECT SR LVG COON RAPIDS LLC
11350 MARTIN STREET NW
Coon Rapids, MN 55433
Anoka County
Parcel:

Phone:

License Info

License: HFID 25729

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

Inspection Info

Report Number: F8087251165
Inspection Type: Full - Single
Date: 10/21/2025 Time: 4:00:00 PM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 2-100 Supervision

2-102.12AMN *Priority Level: Priority 3 CFP#: 2*

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

COMMENT: THERE IS NO FULL TIME STATE CERTIFIED FOOD PROTECTION MANAGER AT THE ESTABLISHMENT. HIRE A FULL TIME EMPLOYEE OR TRAIN AN EXISTING FULL TIME EMPLOYEE AND APPLY FOR THE STATE CERTIFIED FOOD PROTECTION MANAGER CERTIFICATE.

Comply By: 1/1/2026 Originally Issued On: 10/21/2025

Food & Beverage General Comment

THIS WAS AN UNANNOUNCED AND UNSCHEDULED FULL INSPECTION.

INSPECTION DONE WITH KITCHEN MANAGER JAMEEL ROBERTSON.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING

NOROVIRUS

BARE HAND CONTACT WITH READY TO EAT FOODS

EMPLOYEE ILLNESS

EMPLOYEE EXCLUSION

COOLING METHODS

REHEATING METHODS

SANITIZER CONCENTRATION

DATE MARKING

ALL ITEMS ON THIS REPORT

ALL ITEMS ON PREVIOUS REPORT

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO ESTABLISHMENT AND HRD NURSE SURVEYOR.

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 F8087251165 from 10/21/2025

John Boettcher

JAMEEL ROBERTSON
KITCHEN MANAGER

John Boettcher,
Public Health Sanitarian 3
651-201-5076
john.boettcher@state.mn.us



Temperature Observations/Recordings

Establishment Info	Inspection Info
SELECT SR LVG COON RAPIDS LLC Coon Rapids County/Group: Anoka County	Report Number: F8087251165 Inspection Type: Full Date: 10/21/2025 Time: 4:00:00 PM

Food Temperature: Product/Item/Unit: SOUP; **Temperature Process:** Hot-Holding
Location: Warmer at 168 Degrees F.
Comment: SERVICE KITCHEN SOUP WARMER
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; **Temperature Process:** Ambient Air
Location: Upright Cooler at 38 Degrees F.
Comment: SERVICE KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHEESE; **Temperature Process:** Cold-Holding
Location: Upright Cooler at 40 Degrees F.
Comment: SERVICE KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; **Temperature Process:** Cold-Holding
Location: Upright Cooler at 40 Degrees F.
Comment: SERVICE KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: YOGURT; **Temperature Process:** Cold-Holding
Location: Upright Cooler at 40 Degrees F.
Comment: SERVICE KITCHEN
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; **Temperature Process:** Ambient Air
Location: Beverage Cooler at 39 Degrees F.
Comment: SERVICE KITCHEN SERVER AREA
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; **Temperature Process:** Cold-Holding
Location: Beverage Cooler at 40 Degrees F.
Comment: SERVICE KITCHEN SERVER AREA
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; **Temperature Process:** Ambient Air
Location: Walk-in Cooler at 35 Degrees F.
Comment: PRODUCTION KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; **Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 33 Degrees F.
Comment: PRODUCTION KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: GROUND BEEF; **Temperature Process:** Cold-Holding

Location: Walk-in Cooler at 33 Degrees F.

Comment: PRODUCTION KITCHEN

Violation Issued?: No

Food Temperature: Product/Item/Unit: DELI MEAT; **Temperature Process:** Cold-Holding

Location: Walk-in Cooler at 35 Degrees F.

Comment: PRODUCTION KITCHEN

Violation Issued?: No

Food Temperature: Product/Item/Unit: HARD BOILED EGG; **Temperature Process:** Cold-Holding

Location: Walk-in Cooler at 34 Degrees F.

Comment: PRODUCTION KITCHEN

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; **Temperature Process:** Ambient Air

Location: Upright Cooler at 33 Degrees F.

Comment: PRODUCTION KITCHEN

Violation Issued?: No

Food Temperature: Product/Item/Unit: CHEESE; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 34 Degrees F.

Comment: PRODUCTION KITCHEN

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 34 Degrees F.

Comment: PRODUCTION KITCHEN

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; **Temperature Process:** Ambient Air

Location: Upright Freezer at 4 Degrees F.

Comment: PRODUCTION KITCHEN - FRYER FREEZER

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; **Temperature Process:** Ambient Air

Location: Upright Freezer at 3 Degrees F.

Comment: PRODUCTION KITCHEN - LEFT FREEZER

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; **Temperature Process:** Ambient Air

Location: Upright Freezer at -2 Degrees F.

Comment: PRODUCTION KITCHEN - MIDDLE FREEZER

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; **Temperature Process:** Ambient Air

Location: Upright Freezer at -2 Degrees F.

Comment: PRODUCTION KITCHEN - RIGHT FREEZER

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

SELECT SR LVG COON RAPIDS LLC
Coon Rapids
County/Group: Anoka County

Inspection Info

Report Number: F8087251165
Inspection Type: Full
Date: 10/21/2025
Time: 4:00:00 PM

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

Location: Dishwashing Area **Equal To** 172 Degrees F.

Comment: SERVICE KITCHEN

Violation Issued?: No

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

Location: Prep Area **Equal To** 200 PPM

Comment: SERVICE KITCHEN

Violation Issued?: No

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

Location: Dishwashing Area **Equal To** 166 Degrees F.

Comment: PRODUCTION KITCHEN

Violation Issued?: No

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

Location: Mop Sink **Equal To** 400 PPM

Comment: PRODUCTION KITCHEN

Violation Issued?: No