Electronically Delivered

May 8, 2025

Licensee
Stonecrest
8725 Promenade Lane
Woodbury, MN 55125

RE: Project Number(s) SL25310016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 15, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

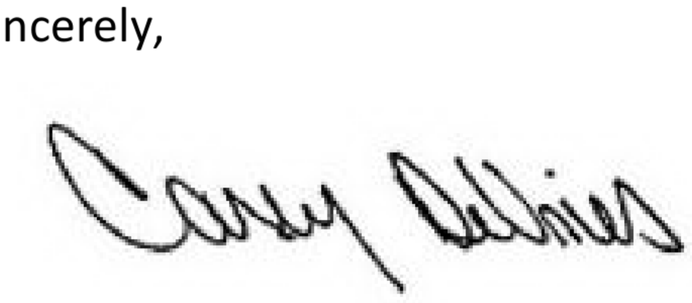
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
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
	25310	A. BUILDING: _____ B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONECREST	8725 PROMENADE LANE WOODBURY, MN 55125

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL25310016-0 On April 14, 2025, through April 15, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 77 resident(s); 17 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 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 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (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; (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; (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; (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; (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 allowed provided the facility keeps them clean and in good condition; (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 (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. 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. 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 15, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		

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0 775 SS=E	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of the Minnesota State Fire Code. This had the potential to affect a limited number of residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On a facility tour on April 15, 2025, from 10:00 a.m. to 12:20 p.m., with engineering director (ED)-E, licensed assisted living director (LALD)-D, and regional engineering manager (REM)-I, the surveyor made the following observations of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511: FIRE-RESISTANT RATED DOOR MAINTENANCE The spring-loaded hinges were not provided with	0 775		

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0 775	Continued From page 4 spring tension to automatically close and latch the fire-resistant rated doors of resident sleeping units 127 and 133. It was explained to ED-E, LALD-D, and REM-I, that all fire-resistant rated doors are required to automatically close, and latch as designed and installed at the time of construction approval. OXYGEN CYLINDER STORAGE There was a compressed gas oxygen cylinder in resident sleeping unit 327 that was not stored in an appropriate containment rack. It was explained to ED-E, LALD-D, and REM-I, that compressed gas oxygen cylinders are required to be secured in a rack in the upright position to prevent tipping and damage to the valve assembly on top of the cylinder. CEILING EXHAUST FAN/ FIRE DAMPER MAINTENANCE The ceiling exhaust fan/ fire damper fan was not operating and was missing the cover in the housekeeping closet in the maintenance office. It was explained to ED-E, LALD-D, and REM-I, that ceiling fans including the required ceiling fire damper are required to be maintained as operational and include the appliance cover as part of the fire damper assembly as designed and installed at the time of construction approval. During the facility tour ED-D, LALD-D, and REM-I, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7)	0 775		

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0 775	Continued From page 5 days	0 775		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to offer the resident the opportunity	0 950		

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0 950	Continued From page 6 to identify a designated representative in writing with the required statutory language for three of three residents (R1, R2, R3). 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 potential to affect a large portion or all of the residents). The findings include: R1 was admitted to the facility April 16, 2016, and began receiving assisted living services. R2 was admitted to the facility March 24, 2025, and began receiving assisted living services. R3 was admitted to the facility April 20, 2023, and began receiving assisted living services. R1, R2, and R3's Assisted Living Contract lacked the correct verbatim language for the designating representative. On April 15, 2025, at 2:43 p.m., licensed assisted living director (LALD)-D stated residents designate a representative when they admit to the facility. LALD-D stated they were unaware of the required verbatim language. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		

Environmental Health
Food, Pools, and Lodging
625 Robert St. N
St. Paul
651-201-5000

Type: Full
Date: *04/15/25*
Time: 09:00:00
Report: 1031251105

Food and Beverage Establishment Inspection Report

Location:
Stonecrest
8725 Promenade Lane
Woodbury, MN55125
Washington County, 82

Establishment Info:
ID #: 0038035
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6512643200
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.

4-100 Equipment Construction Materials

4-101.11BCDE

MN Rule 4626.0450BCDE Remove all multi-use equipment, utensils, and food storage containers that are not durable, corrosion-resistant, nonabsorbent, smooth, easily cleanable, resistant to pitting, chipping, scratching or not able to withstand repeated warewashing.

THE FOLLOWING ITEMS HAVE DAMAGED HANDLES MAKING THEM UNCLEANABLE:

1. 2 KNIVES
2. 1 SPATULA
3. 1 GRILL SCRAPER

REPLACE DAMAGED ITEMS WITH NEW.

Comply By: 05/06/25

4-400 Equipment Location and Installation

4-402.11A

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.

THE FOLLOWING AREAS NEED TO HAVE OLD SILICONE REMOVED AND REDONE WITH 100% SILICONE:

1. HOOD TO BACKSPLASH PANELS
2. AREA WHERE THE 2 HOODS MEET
3. STEAM TABLE TO EXPO TABLE
4. 3-COMP SINK

Comply By: 05/06/25

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.

TILE FLOOR IS CRACKED ON COOK LINE.

REPAIR/FILL CRACK WITH APPROVED SEALANT OR REPLACE TILES AND GROUT IN CRACKED AREA.

Comply By: 05/06/25

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

WALL/CEILING BEHIND CLEAN ITEM STORAGE AND LEGEND BOARD HAS BUILDUP OF DEBRIS FROM CEILING VENT.

CLEAN WALL AND CLEANING AREA.

CHECK ALL CONTAINERS IN AREA FOR DEBRIS AND CLEAN AS NEEDED.

Comply By: 05/06/25

Surface and Equipment Sanitizers

Sink & Surface Cleaner: = 700 at Degrees Fahrenheit
Location: Sani Bucket
Violation Issued: No

Sink & Surface Cleaner: = 700 at Degrees Fahrenheit
Location: Sanitizer Dispenser
Violation Issued: No

Sink & Surface Cleaner: = 700 at Degrees Fahrenheit
Location: Sani Spray
Violation Issued: No

Sink & Surface Cleaner: = 700 at Degrees Fahrenheit
Location: 3-Comp Basin
Violation Issued: No

Hot Water: = at 162 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Ambient Air Temp: = at 34 Degrees Fahrenheit
Location: Walk-in Cooler
Violation Issued: No

Ambient Air Temp: = at 40 Degrees Fahrenheit
Location: Display Case (bistro)
Violation Issued: No

Food and Equipment Temperatures

Food and Beverage Establishment Inspection Report

Process/Item: Cold Hold/Tomatoes; Sliced
Temperature: 33 Degrees Fahrenheit - Location: Prep Table (top)
Violation Issued: No

Process/Item: Cold Hold/Batter
Temperature: 39 Degrees Fahrenheit - Location: Prep Table (bottom)
Violation Issued: No

Process/Item: Hot Hold/Water
Temperature: 188 Degrees Fahrenheit - Location: Steam Table
Violation Issued: No

Process/Item: Cold Hold/Peaches
Temperature: 40 Degrees Fahrenheit - Location: 2-Door Cooler
Violation Issued: No

Process/Item: Cooling/Chicken
Temperature: 45 Degrees Fahrenheit - Location: Walk-in Cooler (1hr in cooling)
Violation Issued: No

Process/Item: Cold Hold/Tomatoes; Diced
Temperature: 36 Degrees Fahrenheit - Location: Walk-in Cooler
Violation Issued: No

Process/Item: Cold Hold/Milk
Temperature: 33 Degrees Fahrenheit - Location: 1-Door Cooler (mem care)
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	0	4

Nurse Evaluator on site: Keith Langley

All violations discussed with PIC prior to leaving site.

Discussed:
- Cooling and reheating
- No undecooked foods
- Facitiy uses pasteurized eggs
- Facility upkeep and renovations

NOTES:
1. Walk-in cooler/freezer common wall has signs of wear. Monitor wall for changes. If wear increases, sand wall area and cover or paint with appropriate food-grade paint.
2. Illness log information is kept at Pres Homes central office and is available upon request.
3. Ice cream machine not checked for temp. Machine is filled daily at 11:30am, used throughout day, then cleaned and powered down at night.

ILLNESS COMPLAINT PROCEDURE:
If any customer complains of illness take these steps:
1. Gather as much information from the customer as possible, such as: name, phone#, date of illness, food consumed.
2. Give customer the illness hotline phone number: 1-877-366-3455.

3. Contact your health inspector: Give inspector information gathered from customer and any other useful information.

Contact inspector prior to any major equipment or building changes; some changes may require plan review to be completed.

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

I acknowledge receipt of the Environmental Health inspection report number 1031251105 of 04/15/25.

Certified Food Protection Manager Cyril Davies

Certification Number: 7838 Expires: 08/12/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Cyril Davies
Kitchen Manager

Signed: _____

Chris Foster
Public Health Sanitarian III
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us