Electronically Delivered

July 24, 2025

Licensee
Cottage Grove WP LLC
6900 East Point Douglas Road South
Cottage Grove, MN 55016

RE: Project Number(s) SL30697016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 21, 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.

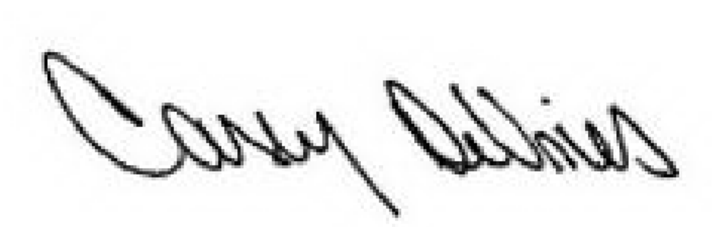
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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
	30697	A. BUILDING: _____ B. WING _____	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE GROVE WP LLC	6900 EAST POINT DOUGLAS ROAD S COTTAGE GROVE, MN 55016

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ***ATTENTION*** ASSISTED LIVING PROVIDER 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: SL30697016-0 On May 19, 2025, through May 21, 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 41 residents; 41 receiving services under the Assisted Living Facility 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, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 19, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors.	0 680		

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0 680	Continued From page 4 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). The findings include: On May 19, 2025, at 11:18 a.m., the surveyor retrieved a copy of the licensee's EPP, which was stored in an unmarked drawer in the front lounge of the facility. Regional director (RD)-C stated the door to the lounge area was always unlocked and the licensee's EPP was always kept in the top right drawer of the base cabinet nearest to the entrance of the lounge area. The licensee's written emergency disaster preparedness plan lacked evidence of the following required content: - annual review of the EPP; - policies and procedures for subsistence needs for staff and residents; - policies and procedures regarding arrangements with other facilities; and - annual review of the licensee's communication plan. On May 21, 2025, at 1:38 p.m., RD-C stated director of nursing (DON)-F was responsible for the development and customization of the EPP which was created by the licensee's corporate office. DON-F was not available for interview during the survey.	0 680		

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0 680	Continued From page 5 The licensee's 9.01 Emergency Preparedness Plan - Appendix Z Compliance policy dated April 1, 2024, indicated the licensee would have in place an effective and compliant Emergency Preparedness Plan, and the intent was the plan would be aligned with the Centers for Medicare and Medicaid Services State Operation Manual Appendix Z: "State Operations Manual Appendix Z - Emergency Preparedness for All Provides and Certified Supplier Types: Interpretive Guidance." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
01890 SS=F	144G.71 Subd. 20 Prescription drugs 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure time sensitive medications were dated when opened for one of twelve residents (R2) and failed to discard expired medication for three of twelve residents (R10, R11, R13). 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	01890		

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01890	Continued From page 6 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: TIME SENSITIVE MEDICATION On May 21, 2025, at 10:42 a.m., during an audit of the licensee's level 2 medication cart, the surveyor observed the following time sensitive medications without a date opened label: - Humalog Kwikpen 100units/ml injection pen belonging to R2. - Lantus Solostar 100units/ml injection pen belonging to R2. On May 21, 2025, at approximately 10:45 a.m., while observing the surveyor complete the medication cart, unlicensed personnel (ULP)-E stated they had started the insulin pens yesterday and had forgotten to label them with the opened-on date. ULP-E stated they were trained to label all time sensitive medications when opened. EXPIRED MEDICATIONS On May 21, 2025, at 10:42 a.m., during an audit of the licensee's level 2 medication cart, the surveyor observed the following expired medications: - melatonin 3mg capsules belonging to R13 with an expiration date of April 29, 2025; and - docusate 8.6mg tablets belonging to R13 with an expiration date of April 29, 2025. On May 21, 2025, at 11:17 a.m., during an audit of the licensee's level 1 medications cart, the	01890		

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01890	Continued From page 7 surveyor observed the following expired medications: - ibuprofen 600mg tablets belonging to R11 with an expiration date of May 19, 2025; and - Senexon tablets 8.6-50mg belonging to R10 with an expiration date of November 30, 2024. On May 21, 2025, at 11:12 a.m., ULP-E stated staff are trained to check all medications for expiration dates, and that the expired medications found were all PRN (as needed) medications that were not frequently used by residents. On May 21, 2025, at 1:33 p.m. clinical nurse supervisor (CNS)-B stated all time sensitive medications should be labeled upon opening, and medication carts are audited on a weekly basis and during cycle refills. The licensee's 7.07 Medications Storage policy dated April 1, 2024, indicated medications will be stored consistent with manufacturer's recommendations. The licensee's 7.18 Medication Disposal policy dated April 1, 2024, indicated expired medications managed by the licensee will be disposed of according to the accepted practices of Minnesota board of Pharmacy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted	02310		

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02310	Continued From page 8 living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for one of one resident (R5) with oxygen. 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). The findings include: On May 20, 2025, at 7:07 a.m., in the apartment of R5 the surveyor observed an oxygen tank fill station with an oxygen tank attached to the top, as well as one oxygen tank on top of R5's dining table, and an additional tank in a mobile cart. Unlicensed personnel (ULP)-E stated there were no oxygen storage racks in R5's apartment, and staff placed the oxygen tanks on top of R5's dining table so other staff knew the oxygen tanks were full and did not need to be filled. On May 21, 2025, at 1:38 p.m., clinical nurse supervisor (CNS)-B stated the licensee had ordered storage racks for R5's oxygen tanks. CNS-B stated they were not aware the oxygen tanks were being kept on top the dining table of	02310		

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02310	Continued From page 9 R5 but had provided education to staff and had resolved the issue. The licensee's 7.30 Oxygen policy dated April 1, 2024, indicated the licensee would accept responsibility for the ordering, refilling, and administration of oxygen, then oxygen shall be managed in the same manner as an ordered medication, including requiring a physician order. Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, recommended cylinders be secured with chains or racks to prevent cylinders from falling over. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Cottage Grove WP LLC
6900 East Point Douglas Road South
Cottage Grove, MN 55016
Washington County
Parcel:

Phone:

License Info

License: HFID 30697

Risk:
License:
Expires on:
CFPM: Chad Rink
CFPM #: FM123399; Exp: 05/06/2027

Inspection Info

Report Number: F1004251022
Inspection Type: Full - Single
Date: 5/19/2025 Time: 11:45:13 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: **TEST STRIPS ON SITE ARE FOR QUATERNARY AMMONIUM. ESTABLISHMENT USES A CHLORINE-BASED SANITIZER. PROVIDE CHLORINE TEST STRIPS FOR THE SANITIZER DISPENSER AT THE 3-COMPARTMENT SINK.**
Comply By: 5/19/2025 Originally Issued On: 5/19/2025

New Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT: **DISH MACHINE IS UNABLE TO REACH REQUIRED UTENSIL SURFACE SANITIZING TEMPERATURE. HAVE MACHINE REPAIRED/ADJUSTED AND MAINTAIN. *ESTABLISHMENT WILL USE 3-COMPARTMENT SINK TO SANITIZE DISHES UNTIL DISH MACHINE IS REPAIRED.**
Comply By: 5/19/2025 Originally Issued On: 5/19/2025

! **New Order: 4-700 Sanitizing Equipment and Utensils**
4-703.11B *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.
COMMENT: **DISH MACHINE WAS UNABLE TO REACH MINIMUM REQUIRED UTENSIL SURFACE TEMPERATURE FOR SANITIZING. ENSURE A UTENSIL SURFACE TEMPERATURE OF AT LEAST 160*F IS REACHED FOR SANITIZING. *ESTABLISHMENT WILL USE 3-COMPARTMENT SINK FOR SANITIZING UNTIL DISH MACHINE CAN BE REPAIRED AND VERIFIED TO BE REACHING REQUIRED SANITIZING TEMPERATURES.**
Comply By: 5/19/2025 Originally Issued On: 5/19/2025

Food & Beverage General Comment

INSPECTION WAS CONDUCTED BY MOLLY DOUGHERTY (FPLS) IN CONJUNCTION WITH A HEALTH REGULATIONS DIVISION (HRD) SURVEY CONDUCTED BY ZACH MORTH.

DISCUSSED:
-EMPLOYEE ILLNESS POLICY AND LOG
-HANDWASHING

-SANITIZER USE AND TEST KITS
-CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
-HIGH TEMPERATURE SANITIZING DISH MACHINE TEMPERATURE VERIFICATION
-DATE MARKING PROCEDURES
-COOLING PROCEDURES
-REHEATING PROCEDURES
-THERMOMETER USE AND CALIBRATION
-SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
-VOMIT/FECAL INCIDENT CLEAN UP PROCEDURES
-FOOD SOURCE
-RECEIVING DELIVERIES PROCEDURES
-FOOD SERVICE PROCEDURES
-PEST CONTROL
-TEMPERATURE LOGS
-PHYSICAL FACILITIES AND MAINTENANCE

*REPORT WAS DISCUSSED WITH THE CHEF, CHAD, AND WITH THE NURSE EVALUATOR, ZACH.

*INSPECTOR WILL RETURN FOR A FOLLOW-UP INSPECTION

*IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE RESIDENT. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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 F1004251022 from 5/19/2025

Molly Dougherty

Chad Rink

Molly Dougherty,
Public Health Sanitarian 3
651-201-3978
molly.dougherty@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Cottage Grove WP LLC
Cottage Grove
County/Group: Washington County

Inspection Info

Report Number: F1004251022
Inspection Type: Full
Date: 5/19/2025
Time: 11:45:13 AM

Food Temperature: Product/Item/Unit: Hard Boiled Egg**; Temperature Process:** Cold-Holding
Location: Basement refrigerator at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Ham**; Temperature Process:** Cold-Holding
Location: Kitchen refrigerator at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cut Lettuce**; Temperature Process:** Cold-Holding
Location: Kitchen refrigerator at 38 Degrees F.
Comment:
Violation Issued?: No

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Sanitizer Observations/Recordings

Establishment Info

Cottage Grove WP LLC
Cottage Grove
County/Group: Washington County

Inspection Info

Report Number: F1004251022
Inspection Type: Full
Date: 5/19/2025
Time: 11:45:13 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 145 Degrees F.
Comment: *machine was run multiple times, highest utensil surface temperature reached was 145*F. Temperatures ranged from 119*F-145*F.
Violation Issued?: Yes

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** 3-Compartment Sink
Location: Dishwashing Area **Equal To** 200 PPM
Comment:
Violation Issued?: No