Electronically Delivered

October 29, 2025

Licensee
The Commons on Marice
1380 Marice Drive
Eagan, MN 55121

RE: Project Number(s) SL30751016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 24, 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.

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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30751	A. BUILDING: _____ B. WING _____	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COMMONS ON MARICE	1380 MARICE DRIVE EAGAN, MN 55121

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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: SL30751016-0 On September 22, 2025, through September 24, 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 125 residents; 92 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,	0 480		

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are 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 September 23, 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		
0 730 SS=F	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 the needs of the resident, including reporting to the appropriate supervisor or health care professional; (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	0 730		

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0 730	Continued From page 4 professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to include the required content in a discharge summary for one of one discharged resident (R5). 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: R5 was admitted to the licensee on September 21, 2022, and discharged on June 21, 2025. R5's record included a Discharge Summary dated June 27, 2025; however, it did not include	0 730		

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0 730	Continued From page 5 the following required content: -a summary of the resident's stay that includes diagnoses, course of illnesses, allergies, treatments and therapies and pertinent lab, radiology, and consultation results; -a final summary of the resident's status from the latest assessment or review under Minnesota Statues, section 144G.70, if applicable, that includes the resident status, including baseline and current mental, behavioral, and functional status; -a reconciliation of all predischarge medications with the resident's post discharge prescribed and over-the-counter medications; and -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 non-medical services the resident will need. On September 24, 2025, at 2:30 p.m., clinical nurse supervisor (CNS)-B stated R5's discharge summary did not include the required content as listed above. CNS-B stated the discharge summary template would need to be updated to include the required content. The licensee's Resident Record-Transfer policy dated January 11, 2025, indicated transfer of a resident record will include, as known: a. The resident's full name, date of birth, and insurance information b. The name, telephone number, ad address of the resident's designated representatives and legal representatives, if any	0 730		

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0 730	Continued From page 6 c. The resident's current documented diagnoses that are relevant to the services being provided d. The resident's known allergies that are relevant to the services being provided e. The name and telephone number of the resident physician, if known, and the current physician orders that are relevant to the services being provided f. All medication administration records that are relevant to the services being provided g. The most recent resident assessment, if relevant to the services being provided h. Copies of health care directives, "do not resuscitate" orders, and any guardianship orders or powers of attorney No further information was provided. TIME PERIOD FOR CORRECTION: 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 State Fire Code in Minnesota Rules, chapter 7511. 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	0 775		

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0 775	Continued From page 7 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). Findings include: On September 24, 2025, from 1:30 p.m. to 5:30 p.m., the surveyor toured the facility with director of maintenance (DOM)-H. During the tour, the surveyor observed: SMOKE ALARMS: Facility has installed hard-wired smoke alarms in each resident room. In the 25+ surveyed rooms alarms were over 10 years past the manufacturer date. Per MN State Fire Code and manufacturer's instructions, single-and multiple-station smoke alarms shall be replaced when they exceed ten years from the date of manufacture. All smoke alarms shall be replaced with smoke alarms having the same type of power supply. EXIT OBSTRUCTION: In the assisted living area of the facility, several residential units have a patio door as a secondary means of egress that leads to an enclosed patio. The gate to exit the patio has a "pull" type lock on the top, which needs to be pulled up to allow the gate to open. Without egress hardware on the gate, this poses an exit obstruction to residents. During a facility tour on September 24, 2025, at 1:30 p.m., DOM-H, verified the above listed observations while accompanying on the tour.	0 775		

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0 775	Continued From page 8 TIME PERIOD FOR CORRECTION: Two (2) day.	0 775		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced	0 900		

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0 900	Continued From page 9 by: Based on interview and record review, the licensee failed to ensure two of four resident's (R3 and R4) assisted living written contract included a signature by the resident or resident representative. 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: R3 R3 was admitted on August 29, 2019, with diagnoses that included altered mental status. R3's record included a Residency Agreement dated August 1, 2021. The document was signed by the licensee but lacked a signature from the R3 or R3's representative. R4 R4 was admitted on May 2, 2023, with diagnoses that included Parkinson's disease (disorder of the central nervous system that affects movement, often including tremors). R4's record included a Residency Agreement dated April 29, 2023. The document was signed by the licensee but lacked a signature from R4 or R4's representative.	0 900		

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0 900	Continued From page 10 On September 24, 2025, at 2:13 p.m., licensed assisted living director (LALD)-A reviewed R3 and R4's residency agreements and stated they lacked a signature from the resident or resident representative. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		
0 950 SS=D	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	0 950		

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0 950	Continued From page 11 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 document on the assisted living contract that two of four residents (R1 and R3) declined to name a designated representative. 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: R1 R1 was admitted on December 31, 2024, with diagnoses that included diabetes. Page 19 of R1's Residency Agreement did not list a designated representative, and the box to initial, if a resident declined to name a designated representative, was left blank. R3 R3 was admitted on August 29, 2019, with diagnoses that included altered mental status. Page 13 of R3's Residency Agreement did not list a designated representative, and the box to	0 950		

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	30751	A. BUILDING: _____ B. WING _____	09/24/2025

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THE COMMONS ON MARICE	1380 MARICE DRIVE EAGAN, MN 55121

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0 950	Continued From page 12 initial, if a resident declined to name a designated representative, was left blank. On September 24, 2025, at 2:09 p.m., licensed assisted living director (LALD)-A reviewed R1 and R3's residency agreements and stated the designation of representative document had not been completed by R1 or R3. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
01640 SS=E	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of	01640		

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01640	Continued From page 13 the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for three of six residents (R1, R2, and R6). 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 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: R1 R1 was admitted on December 31, 2024, with diagnoses that included diabetes. On September 23, 2025, at 7:09 a.m., the surveyor observed unlicensed personnel (ULP)-G check R1's blood sugar. R1's Service Plan and Agreement dated December 31, 2024, indicated R1 received services to include Accucheck (blood sugar checks) three times a day. R1's signed prescriber orders dated April 29, 2025, included the following: -Test blood sugar four times daily	01640		

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01640	Continued From page 14 R1's service checkoff list dated September 2025, indicated the ULP checked R1's blood sugar four times a day. On September 24, 2025, at 2:13 p.m., clinical nurse supervisor (CNS)-B reviewed R1's service plan and stated it was not updated when R1's blood sugars increased to four times a day. CNS-B stated she would update the service plan today and have family review and sign it. R2 R2 was admitted on August 2, 2024, with diagnoses that included dementia. On September 23, 2025, at 7:56 a.m., the surveyor observed ULP-G administer medications to R2. R2's Service Plan and Agreement dated August 2, 2024, indicated R2 received services to include safety checks, toileting, escorts, morning and bedtime cares, vital signs, medication assist/medication administration and medication set up services. The service plan did not include CPAP (continuous positive airway pressure) (device used to deliver continuous flow of air to open the airways). R2's signed prescriber orders dated July 31, 2024, included the following: -ok for CPAP R2's service checkoff list dated September 2025, indicated the ULP assisted R2 with CPAP. R2's record lacked documentation of medication set up services.	01640		

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01640	Continued From page 15 On September 24, 2025, at 2:15 p.m., CNS-B reviewed R2's service plan and stated R2 no longer required medication set up services. CNS-B stated CPAP management should be included in the service plan. R6 R6 was admitted on August 5, 2015, with diagnoses that included congestive heart failure. R6's unsigned, Service Plan and Agreement dated September 24, 2025, indicated R6 received services to include Oxygen Checks, morning and bedtime cares, escorts, bathing, stocking assistance, and medication assist/medication administration. The service plan did not include medication set up services. R6's medication administration record (MAR) dated September 2025, indicated the nurse set up potassium chloride and torsemide medications. On September 24, 2025, at 2:24 p.m., CNS-B reviewed R6's service plan and stated the service plan was not signed and it should have included medication set up services as the nurse sets up some of R6's medications. The licensee's Service Plan policy dated May 15, 2025, indicated the following: - service plans and any revisions or updates shall be entered into the resident's record. - service plan and any revisions shall include a signature or other authentication by the assisted living facility and by the resident, or resident representative, documenting agreement on the services to be provided.	01640		

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01640	Continued From page 16 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01700 SS=D	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by:	01700		

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01700	Continued From page 17 Based on observation, interview, and record review, the licensee failed to ensure one of one resident (R3) who self-administered medications was assessed for self-administration of medications. 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: R3 was admitted on August 29, 2019, with diagnoses that included altered mental status. R3's Service Plan and Agreement dated September 22, 2025, indicated R3 received services to include medication administration. R3's medication administration record (MAR) dated September 2025, included: -Advair Disk inhaler 250-5; inhale one puff by mouth twice daily On September 23, 2025, at 10:53 a.m., the surveyor observed unlicensed personnel (ULP)-E give R3 her Advair Disk inhaler and she self-administered one puff as prescribed. R3's Medication Assessment and Management Plan dated September 2, 2025, indicated R3 was unable to safely self-administer medications, including inhalant medications.	01700		

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01700	Continued From page 18 On September 24, 2025, at 2:01 p.m., clinical nurse supervisor (CNS)-B stated R3 was a retired nurse and liked to self-administer the Advair inhaler; however, she was not consistent in self-administering it appropriately. CNS-B stated she would re-assess R3's ability to self-administer the inhaler and update the assessment to reflect, allowing R3 to attempt to self-administer the inhaler with staff supervision and if unable to appropriately administer it then staff would administer the inhaler. The licensee's Medication Management-Assessment, Monitoring and Reassessment policy dated February 12, 2025, indicated the registered nurse would conduct an assessment to determine what medication management services will be provided and how the services will be provided. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01730 SS=E	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	01730		

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01730	Continued From page 19 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 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an	01730		

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01730	Continued From page 20 individualized medication management plan with the required content for three of four residents (R1, R3, and R4). 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 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: R1 R1 was admitted on December 31, 2024, with diagnoses that included diabetes. On September 23, 2025, at 7:09 a.m., the surveyor observed unlicensed personnel (ULP)-G administer medications and check R1's blood sugar. R1's Service Plan and Agreement dated December 31, 2024, indicated R1 received services to include medication administration. R1's Medication Assessment and Management Plan dated December 30, 2024, failed to include: -identification of medication management task that may be delegated to the unlicensed personnel On September 24, 2025, at 1:55 p.m., clinical nurse supervisor (CNS)-B reviewed R1's medication plan and stated it did not include the	01730		

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01730	Continued From page 21 medication tasks delegated to the ULP. R3 R3 was admitted on August 29, 2019, with diagnoses that included altered mental status. R3's Service Plan and Agreement dated September 22, 2025, indicated R3 received services to include medication administration. On September 23, 2025, at 10:53 a.m., the surveyor observed ULP-E give R3 her Advair Disk inhaler and she self-administered one puff as prescribed. R3's Medication Assessment and Management Plan dated September 2, 2025, indicated the following: -R3 was unable to safely self-administer medications, including inhalant medications -Medication administration was completed by facility staff On September 24, 2025, at 1:57 p.m., CNS-B reviewed R3's medication plan and stated it should reflect that R3 could attempt to self-administer her inhaler with staff supervision and if unable to administer it, the staff would administer it. CNS-B stated the ULP administer all other medications to R3. R4 R4 was admitted on May 2, 2023, with diagnoses that included diabetes. R4's Service Plan and Agreement dated September 22, 2025, indicated R4 received services to include insulin administration.	01730		

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01730	Continued From page 22 On September 23, 2025, at 7:49 a.m., the surveyor observed a private duty caregiver check R4's blood sugar and communicate the blood sugar result of 115 to ULP-F. ULP-F then reviewed R4's medication administration record (MAR) and determined R4 did not require sliding scale insulin at this time. ULP-F removed a Lantus insulin pen from R4's locked cabinet and prepared the prescribed 21 units. ULP-F then administered the insulin in R4's abdomen. The surveyor inquired if the staff ever check R4's blood sugar and/or administer any oral medications to R4. ULP-F stated R4's family hired private duty caregivers to provide 1:1 care to R4, which included administering all medications except R4's insulin. ULP-F stated the private duty caregiver would check R4's blood sugar and relay the result to the ULP who would then reference the MAR to determine the insulin to be administered. R4's Medication Assessment and Management Plan dated October 18, 2024, indicated the following: -Medication administered by facility staff -Prescribed medications are stored in a locked cabinet in R4's room -Facility nursing staff is responsible for monitoring supplies and refills on a timely basis -Medication tasks delegated to unlicensed personnel included oral and topical medications and subcutaneous medications On September 24, 2025, at 1:59 p.m., CNS-B stated the licensee used to manage and administer all of R4's medications; however, when the family hired private duty caregivers, it changed to the licensee only managed and stored R4's insulin.	01730		

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01730	Continued From page 23 The licensee's Medication Management Individualized Plan policy dated February 12, 2025, indicated the assisted living facility will develop and maintain a current individualized medication management record for each resident based on the resident's assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of two unlicensed personnel (ULP-G, ULP-F) completed insulin administration via a prefilled insulin pen according to manufacturer instructions for observed during insulin administration. This practice resulted in a level two violation (a	01750		

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01750	Continued From page 24 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: ULP-G R1 was admitted on December 31, 2024, with diagnoses that included diabetes. R1's Service Plan and Agreement dated December 31, 2024, indicated R1 received services to include medication administration. R1's signed prescriber orders dated July 22, 2025, included: -Increase Lantus insulin, administer 12 units subcutaneous every morning for diabetes On September 23, 2025, at 7:09 a.m., the surveyor observed ULP-G prepare R1's Lantus insulin. ULP-G cleansed R1's abdomen with an alcohol prep pad, injected the insulin into R1's abdomen, then immediately removed the pen/needle from R1's abdomen once administered. ULP-F R4 was admitted on May 2, 2023, with diagnoses that included diabetes. R4's Service Plan and Agreement dated September 22, 2025, indicated R4 received services to include insulin administration.	01750		

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01750	Continued From page 25 R4's signed prescriber orders dated August 19, 2025, included: -Increase insulin Lantus to 20 units subcutaneously twice daily for diabetes On September 23, 2025, at 7:49 a.m., the surveyor observed ULP-F prepare R4's Lantus insulin. ULP-F cleansed R4's abdomen with an alcohol prep pad, injected the insulin into R4's abdomen, then immediately removed the pen/needle from R4's abdomen once administered. On September 24, 2025, at 2:03 p.m., clinical nurse supervisor (CNS)-B stated expectation with insulin pen administration would be to hold the insulin pen against the skin for five to 10 seconds prior to removing the needle from the skin. The Lantus SoloStar pen manufacturer's instructions dated 2022, indicated: Step 5. Inject your dose - Use your thumb to press the injection button all the way down. When the number in the dose window returns to 0 as you inject, slowly count to 10 before removing. (Counting to 10 will make sure you get your full insulin dose.) - Release the button and remove the needle from your skin. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen	01940		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COMMONS ON MARICE	1380 MARICE DRIVE EAGAN, MN 55121

(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
01940	Continued From page 26 For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of four residents (R1 and R2) with treatments.	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30751	A. BUILDING: _____ B. WING _____	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COMMONS ON MARICE	1380 MARICE DRIVE EAGAN, MN 55121

(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
01940	Continued From page 27 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: R1 R1 was admitted on December 31, 2024, with diagnoses that included diabetes. On September 23, 2025, at 7:09 a.m., the surveyor observed unlicensed personnel (ULP)-G check R1's blood sugar. R1's Service Plan and Agreement dated December 31, 2024, indicated R1 received services to include Accucheck (blood sugar checks) three times a day and weekly vital signs and weight checks. R1's signed prescriber orders dated April 29, 2025, included the following: -Test blood sugar four times daily -Free Style Libre Sensor (continuous blood sugar sensor); change every 14 days R1's record lacked prescriber orders for weekly vital signs and weights. R1's service checkoff list dated September 2025, included the following services: - Accuchecks four times a day - Nursing Services (Libre Sensor management)	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30751	A. BUILDING: _____ B. WING _____	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COMMONS ON MARICE	1380 MARICE DRIVE EAGAN, MN 55121

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01940	Continued From page 28 once a week - Vital Signs with Weight once a week R1's Treatment/Therapy Management Plan dated December 30, 2024, lacked the following required content: -a statement of the type of services that will be provided (Libre Sensor management and weekly vital signs/weights) R2 R2 was admitted on August 2, 2024, with diagnoses that included dementia. R2's Service Plan and Agreement dated August 2, 2024, indicated R2 received services to include safety checks, toileting, escorts, morning and bedtime cares, vital signs, medication assist/medication administration and medication set up services. The service plan did not include CPAP (continuous positive airway pressure) (device used to deliver continuous flow of air to open the airways). R2's signed prescriber orders dated July 31, 2024, included the following: -ok for CPAP R2's service checkoff list dated September 2025, indicated the ULP assisted R2 with CPAP. R2's Treatment/Therapy Management Plan dated January 20, 2025, lacked the following required content: - documentation of specific resident instructions relating to the treatments or therapy administration; - any resident-specific requirements relating to documentation of treatment and therapy	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30751	A. BUILDING: _____ B. WING _____	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COMMONS ON MARICE	1380 MARICE DRIVE EAGAN, MN 55121

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01940	Continued From page 29 received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On September 24, 2025, at 2:23 p.m., clinical nurse supervisor (CNS)-B reviewed R1 and R2's treatment plans and stated they did not include the required content as listed above. The licensee's Treatment and Therapy Management Plan dated February 12, 2025, indicated the assisted living facility would develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: a. written statement of the type of services provided in the service plan b. documentation of specific resident instructions relating to the treatment or therapy administration. c. identification of treatment or therapy tasks that will be delegated to ULP d. procedures for notifying a RN or appropriate licensed professional when a problem arises with treatment or therapy services e. any resident-specific requirements related to documentation of treatment and therapy received f. verification that all treatments and therapy was administered as prescribed g. monitoring of treatment or therapy to prevent possible complications or adverse reactions No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30751	A. BUILDING: _____ B. WING _____	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COMMONS ON MARICE	1380 MARICE DRIVE EAGAN, MN 55121

(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
01970	Continued From page 30	01970		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for two of four residents (R1 and R2) receiving treatments. 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: R1 R1 was admitted on December 31, 2024, with diagnoses that included diabetes. On September 23, 2025, at 7:09 a.m., the surveyor observed unlicensed personnel (ULP)-G check R1's blood sugar.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30751	A. BUILDING: _____ B. WING _____	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COMMONS ON MARICE	1380 MARICE DRIVE EAGAN, MN 55121

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01970	Continued From page 31 R1's Service Plan and Agreement dated December 31, 2024, indicated R1 received services to include weekly vital signs and weight checks. R1's service checkoff list dated September 2025, included the following: -Vital Signs with Weight once a week R1's record lacked prescriber orders for weekly vital signs and weights. R2 R2 was admitted on August 2, 2024, with diagnoses that included dementia. R2's Service Plan and Agreement dated August 2, 2024, indicated R2 received services to include safety checks, toileting, escorts, morning and bedtime cares, vital signs, medication assist/medication administration and medication set up services. The service plan did not include CPAP (continuous positive airway pressure) (device used to deliver continuous flow of air to open the airways). R2's service checkoff list dated September 2025, indicated the ULP assisted R2 with CPAP. R2's signed prescriber orders dated July 31, 2024, included the following: -ok for CPAP R2's record did not include a current order within the past 12 months for R2's CPAP. In addition, the current CPAP order did not include settings or specific directions for use of the CPAP.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30751	A. BUILDING: _____ B. WING _____	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01970	Continued From page 32 On September 24, 2025, at 2:27 p.m., clinical nurse supervisor (CNS)-B stated R1's record lacked prescriber orders for weekly vital signs and weight checks. CNS-B stated she sent a message to R1's primary care provider to see if the weekly vital signs/weights are still needed and get an updated order. In addition, CNS-B stated she requested an updated order from R2's primary care provider for the CPAP and to include specific directions for the settings and use of the CPAP. The licensee's Medication and Treatment Orders policy dated indicated a current, written prescriber's order must be obtained for any treatment or medication administration provided to a resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

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

THE COMMONS ON MARICE
1380 MARICE DRIVE
Eagan, MN 55121
Dakota County
Parcel:

Phone:

License Info

License: HFID 30751

Risk:
License:
Expires on:
CFPM: MARGARET L. TEMPLE
CFPM #: FM57268; Exp: 02/10/2026

Inspection Info

Report Number: F1005251142
Inspection Type: Full - Single
Date: 9/23/2025 Time: 10:00 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.14B *Priority Level: Priority 3 CFP#: 41*
MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.
COMMENT: WIPING CLOTHS WERE FOUND IN SOAPY WATER AND IN QUAT SANITIZER BELOW 150 PPM. STORE WIPING CLOTHS IN AN APPROVED SANITIZING SOLUTION ONLY.
Comply By: 9/23/2025 Originally Issued On: 9/23/2025

Food & Beverage General Comment

INSPECTION COMPLETED WITH CULINARY DIRECTOR AND EMAILED TO HRD NURSING EVALUATOR KASSIE MARKING.

FACILITY HAS A MEMORY CARE KITCHENETTE, WHICH WAS ALSO INSPECTED.

REVIEWED SYMPTOMS OF FOODBORNE ILLNESSES AND THE REQUIREMENT TO MAINTAIN AN EMPLOYEE ILLNESS LOG OF THOSE INSTANCES WHEN EMPLOYEES ARE ILL WITH VOMITING OR DIARRHEA "AND" IMMEDIATELY EXCLUDE FROM THE FOOD ESTABLISHMENT ANY FOOD EMPLOYEE ILL WITH VOMITING OR DIARRHEA. EMPLOYEES MUST BE EXCLUDED FOR AT LEAST 24 HOURS AFTER LAST SYMPTOM.

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 F1005251142 from 9/23/2025

MARGE TEMPLE
CULINARY DIRECTOR

Jessica Davis, REHS
Public Health Sanitarian 3
651-201-3961
jessica.davis@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

THE COMMONS ON MARICE
Eagan
County/Group: Dakota County

Inspection Info

Report Number: F1005251142
Inspection Type: Full
Date: 9/23/2025
Time: 10:00 AM

Food Temperature: Product/Item/Unit: SLICED TOMATO**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHEESE**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: HAMBURGER**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 31 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: SOUP**; Temperature Process:** Hot-Holding
Location: ALTO-SHAAM at 194 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: HARD BOILED EGG**; Temperature Process:** Cold-Holding
Location: TRUE 2-DOOR REACH-IN COOLER at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: SOUP**; Temperature Process:** Hot-Holding
Location: SOUP WARMER at 197 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CUT MELON**; Temperature Process:** Cold-Holding
Location: Salad Bar at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: HARD BOILED EGG**; Temperature Process:** Cold-Holding
Location: HOSHIZAKI UNDER COUNTER COOLER at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: ORANGES**; Temperature Process:** Cold-Holding
Location: DELFIELD UNDER COUNTER COOLER at 38 Degrees F.
Comment:
Violation Issued?: No

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

Food Temperature: **Product/Item/Unit:** CUT MELON**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** BEEF**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** YOGURT**; Temperature Process:** Cold-Holding
Location: MEMORY CARE UNDER COUNTER COOLER at 37 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

THE COMMONS ON MARICE
Eagan
County/Group: Dakota County

Inspection Info

Report Number: F1005251142
Inspection Type: Full
Date: 9/23/2025
Time: 10:00 AM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Server Station **Less Than** 150 PPM
Comment:
Violation Issued?: Yes

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Cook Line **Equal To** 150 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: 3-Comp Sink **Greater Than** 150 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: Mop Sink **Equal To** 150 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 175 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: MEMORY CARE **Equal To** 165 Degrees F.
Comment:
Violation Issued?: No