

# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL202317540C

**Date Concluded:** April 20, 2026

**Name, Address, and County of Facility**

**Investigated:**

Silvercrest Properties LLC  
Brightondale Senior Campus  
2700 Rice Creek Rd  
New Brighton, MN 55112

**Facility Type:** Assisted Living Facility with  
Dementia Care (ALFDC)

**Evaluator's Name:** Deb Schillinger, RN BSN

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if there are any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>

Or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.



Minnesota Department of Health

|                                                                       |                                                                                                                                                                              |                                                                                                 |                                                                                                                          |  |                                                                    |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>20231</b>                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>03/25/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVERCREST PROPERTIES LLC</b> |                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2700 RICE CREEK ROAD<br/>NEW BRIGHTON, MN 55112</b> |                                                                                                                          |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                 | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| 0 000                                                                 | <b>Initial Comments</b><br><br>On March 25, 2026, the Minnesota Department of Health initiated an investigation of complaint #HL202317540C. No correction orders are issued. | 0 000                                                                                           |                                                                                                                          |  |                                                                    |

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE