



STATE LICENSING COMPLIANCE REPORT

Report #: HL318563271C

Date Concluded: April 26, 2024

Name, Address, and County of Facility

Investigated:

Minnetonka Care Residence
421 Spring Valley Dr.
Bloomington, MN 55420

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Deb Schillinger RN,
Special Investigator

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 (for ALL). 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 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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31856 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/24/2024 |
| NAME OF PROVIDER OR SUPPLIER MINNETONKA CARE RESIDENCE | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SPRING VALLEY DRIVE BLOOMINGTON, MN 55420 | | | |
| (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 On April 24, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL318563271C. No correction orders are issued. | 0 000 | | | |

Minnesota Department of Health

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

TITLE

(X6) DATE