



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 9, 2025

Licensee
Emerald Crest Of Minnetonka
13417 Lake Street Extension
Minnetonka, MN 55305

RE: Project Number(s) SL20705016

Dear Licensee:

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

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

STATE CORRECTION ORDERS

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

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 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, 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:

0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

0780 - 144g.45 Subd. 2 (a) (1) - 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 \$1,000.00**. 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,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: jess.schoenecker@state.mn.us

Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER EMERALD CREST OF MINNETONKA		STREET ADDRESS, CITY, STATE, ZIP CODE 13417 LAKE STREET EXTENSION MINNETONKA, MN 55305			
(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	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been 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.</p> <p>INITIAL COMMENTS: Project # SL20705016</p> <p>On May 12, 2025, through May 15, 2025, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey there were 35 residents receiving services under the Assisted Living with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing 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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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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	<p>Continued From page 2</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 12, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer</p>	0 480			

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480			
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the employee record contained the required content to include an annual performance evaluation for one of two unlicensed personnel (ULP-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 650			

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0 650	<p>Continued From page 4</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B was hired February 17, 2014, to provide direct assisted living services to the licensee's residents.</p> <p>On May 13, 2025, from 8:00 a.m. to 9:30 a.m., ULP-B was observed administering medications to residents.</p> <p>ULP-B's employee record lacked evidence of documentation of an annual performance review that identified areas of improvement needed and training needs.</p> <p>On May 15, 2025, at 1:00 p.m., licensed assisted living director verified ULP-D's record lacked evidence of an annual performance review. LALD-D stated they were aware of the required of documentation of an annual performance review that identified areas of improvement needed and training needs, but it was missed.</p> <p>The licensee Performance Evaluation Policy dated January 1, 2022, indicated [licensee] supervisors will provide regular feedback to team members on their work performance, including a formal review at least annually.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	0 650			

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0 650	Continued From page 5 (21) days	0 650			
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 Minnesota 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 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: On May 12, 2025, from 10:00 a.m. to 12:30 p.m., the surveyor toured the facility with licensed assisted living director (LALD)-C and maintenance supervisor (MS)-E, the surveyor made the following observations of non-compliance with current Minnesota Fire Code provisions: EXIT DOOR LOCKING Houses 1, 2, and 3 were secured with	0 775			

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0 775	<p>Continued From page 6</p> <p>electromagnetic locks that locked all the exit doors from the direction of exit travel. There was not an emergency release button to release all locked doors to open in the direction of exit travel installed anywhere in the three buildings.</p> <p>The egress control locking system at all exterior doors shall have the capability of being unlocked by a signal or switch from the fire command center, a nursing station, or other approved location. The signal or switch shall directly break power to the lock.</p> <p>The fenced exterior patios of houses 1, 2, and 3 were provided with a chain and combination padlock that locked the gates, preventing access to the public way (sidewalk, driveway, street) from a marked exterior exit door in the building.</p> <p>All marked exit doors are required have exit paths maintained from the exit door through the exterior exit path to the public way without locks or latches that require keys, tools, or special knowledge.</p> <p>On May 12, 2025, at 1:00 p.m., LALD-C and MS-E stated they did not have an emergency release button for the magnetic locks in any of the buildings. LALD-C stated the magnetic locks on the patio gates had been disabled and the chain and combination padlock were added to provide security.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 775			
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>for dwellings or sleeping units, as defined in the</p>	0 780			

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0 780	<p>Continued From page 7</p> <p>State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that functioned and were interconnected so that the actuation of one alarm caused all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents.</p> <p>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</p>	0 780			

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0 780	<p>Continued From page 8</p> <p>failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On May 12, 2025, from 10:00 a.m. to 12:30 p.m., the surveyor toured the facility with licensed assisted living director (LALD)-C and maintenance supervisor (MS)-E. The surveyor asked MS-E to initiate a test of the smoke alarms in houses 1, 2, and 3. Upon testing, it was found that the smoke alarms in the houses were not fully interconnected.</p> <p>The smoke alarms in the following locations were not interconnected when the test button was pressed:</p> <p>House 1 (13401):</p> <ul style="list-style-type: none">- Bedrooms 1, 5, and 11 were not interconnected with the rest of the facility. <p>House 2 (13409):</p> <ul style="list-style-type: none">- Bedrooms 6 and 7 were not interconnected with the rest of the facility.- Smoke alarms in bedrooms 1-5 were interconnected with each other, but not the rest of the facility.- Smoke alarms in bedrooms 8-11 were interconnected with each other, but not the rest of the facility. <p>House 3 (13417):</p> <ul style="list-style-type: none">- Bedrooms 5 and 11 were not interconnected with the rest of the facility. <p>These deficient conditions were visually verified by LALD-C and MS-E accompanying on the tour.</p> <p>On May 12, 2025, at 1:00 p.m., LALD-C stated</p>	0 780			

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0 780	Continued From page 9 they had the smoke alarms interconnected correctly prior to the survey and did not know why some of the bedrooms were not interconnected. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment, in a continuous state of good repair and operation. This deficient condition had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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)	0 800			

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0 800	Continued From page 10 The findings include: On May 12, 2025, from 10:00 a.m. to 12:30 p.m., the surveyor toured the facility with licensed assisted living director (LALD)-C and maintenance supervisor (MS)-E. The following was observed: In House 3, the tile base was damaged and missing adjacent to the show in bath 1. The drywall material behind the tile was partially missing and showed signs of water damage. The wall structure was exposed and rusted in some areas. These deficient conditions were visually verified by LALD-C and MS-E accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800			
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.	0 810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER EMERALD CREST OF MINNETONKA		STREET ADDRESS, CITY, STATE, ZIP CODE 13417 LAKE STREET EXTENSION MINNETONKA, MN 55305			
(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
0 810	<p>Continued From page 11</p> <p>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content. This had the potential to directly affect all residents, staff, and visitors.</p> <p>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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On May 12, 2025, licensed assisted living director (LALD)-C provided documents on the fire safety</p>	0 810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER EMERALD CREST OF MINNETONKA			STREET ADDRESS, CITY, STATE, ZIP CODE 13417 LAKE STREET EXTENSION MINNETONKA, MN 55305		
(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	
0 810	Continued From page 12 and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP, Comprehensive Fire Plan, dated July 12, 2024 failed to include the following: The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. On May 12, 2025, at 1:30 p.m., LALD-C stated they did not have a section specific to resident actions in the policy. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810			
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescription medications were securely locked in a substantially constructed compartment and permitted only authorized personnel to have access. This had the potential to affect all residents in the facility.	01880			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER EMERALD CREST OF MINNETONKA			STREET ADDRESS, CITY, STATE, ZIP CODE 13417 LAKE STREET EXTENSION MINNETONKA, MN 55305		
(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
01880	<p>Continued From page 13</p> <p>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).</p> <p>The findings include:</p> <p>On May 12, 2025, at 11:30 a.m., during a tour with clinical nurse supervisor (CNS)-A, the surveyor observed the medication cart was unlocked and unlicensed personnel (ULP)-E was in the kitchen. ULP-E stated she was helping a resident and forgot to lock the medication cart.</p> <p>On May 13, 2025, at 8:30 a.m., during a continuous medication observation, the surveyor observed four resident medication passes in the secured dementia unit. For each medication pass, ULP-B prepared the resident's medication to be administered at the medication cart and then walked away from the medication cart leaving it unlocked and unattended while they found the resident in the dining room area to administer the prepared medication. The medication cart was in a common living room area.</p> <p>On May 13, 2025, at 8:45 a.m. ULP-B stated they were supposed to lock the medication cart all the time.</p> <p>On May 14, 2025, at 1:00 p.m., CNS-A stated the medication cart should be locked when not in use and not in sight of it. Also, CNS-A stated they would retrain staff.</p>	01880			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER EMERALD CREST OF MINNETONKA		STREET ADDRESS, CITY, STATE, ZIP CODE 13417 LAKE STREET EXTENSION MINNETONKA, MN 55305			
(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
01880	<p>Continued From page 14</p> <p>The licensee Medication storage-AL policy revised November 4, 2024, indicated "Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) containing drugs and Biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880			



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

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Establishment Info

Emerald Crest of Minnetonka
13417 Lake Street Extension
Minnetonka
MN, MN 55305
Hennepin County
Parcel:

Phone:

License Info

License: HFID 20705

Risk:
License:
Expires on:
CFPM: Halla Janaye Pruitt
CFPM #: 54654; Exp: 12/6/2027

Inspection Info

Report Number: F8041251018
Inspection Type: Full - Single
Date: 5/12/2025 Time: 1:00 PM
Duration: 90 minutes
Announced Inspection: No
Total Priority 1 Orders: 2
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery: Emailed

! New Order: 3-500B Microbial Control: hot and cold holding

3-501.16A2 Priority Level: Priority 1 CFP#: 22

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: HOUSE 2 COOLER- TCS FOODS ON BOTTOM SHELVES IN COOLER MEASURED ABOVE 41F.
DISCUSSED REARRANGING AND STORING LESS ITEMS IN COOLER TO ALLOW PROPER AIR FLOW.
ADJUST/REPAIR AS NEEDED.

Comply By: 5/12/2025 Originally Issued On: 5/12/2025

! New Order: 4-500 Equipment Maintenance and Operation

4-501.114C1 Priority Level: Priority 1 CFP#: 16

MN Rule 4626.0805C1 Provide and maintain an approved chlorine chemical sanitizer solution that has a minimum concentration of 50 ppm and a minimum temperature of 75 degrees F (24 degrees C) for water with a pH of 8 or less or a minimum temperature of 100 degrees F (38 degrees C) for water with a pH of 8.1 to 10.
COMMENT: ISSUED 3/21/23 (REPEAT): HOUSE 2 DISHWASHER DISPENSING 10 PPM CHLORINE SANITIZER SOLUTION. ADJUST/REPAIR. ESTABLISHMENT WILL USE DISHWASHERS IN HOUSE 1 AND 3.

Comply By: 5/12/2025 Originally Issued On: 5/12/2025

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: 1. THE COOLER IN HOUSE 1 IS NOT WORKING. UNIT CURRENTLY NOT IN USE. REPAIR IS SCHEDULED FOR THIS AFTERNOON. 2. COUNTERTOP NEXT TO STOVE IN HOUSE 1 IS DAMAGED. CABINET IN HOUSE 2 BY STOVE IS IN POOR REPAIR.

Comply By: 6/12/2025 Originally Issued On: 5/12/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.14A Priority Level: Priority 3 CFP#: 56

MN Rule 4626.1530A Maintain clean all intake and exhaust air ducts and change filters so they are not a source of contamination.

COMMENT: BUILD-UP OF DUST ON THE VENTILATION HOOD FILTERS IN HOUSE 2 AND 3.

Comply By: 5/19/2025 Originally Issued On: 5/12/2025

Food & Beverage General Comment

Inspection was completed with Kelly Rice and Ericka Merino Ortize. Safia Hassan was the lead Health Regulation Division Nurse Evaluator.

This facility has three houses with kitchens. Food is prepared at main kitchen in Burnsville and delivered each morning to be reheated before meal service.

Kitchens have wood cabinets on stainless 6 inch legs.

Discussed the following:

- Monitoring receiving and refrigeration temperatures
- Employee illness policy and logging requirements
- Handwashing
- Glove-use and bare hand contact
- Cooling and reheating procedures
- Restrictions concerning serving a highly susceptible population
- Vomit clean up process

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 F8041251018 from 5/12/2025

Ericka Merino Ortize
Culinary Director



Sarah Conboy,
Public Health Sanitarian Supervisor
651-201-3984
sarah.conboy@state.mn.us



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

Temperature Observations/Recordings

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Establishment Info

Emerald Crest of Minnetonka
Minnetonka
MN
County/Group: Hennepin County

Inspection Info

Report Number: F8041251018
Inspection Type: Full
Date: 5/12/2025
Time: 1:00 PM

Food Temperature: **Product/Item/Unit:** cut melon; **Temperature Process:** Cold-Holding

Location: House 2 cooler at 44 Degrees F.

Comment:

Violation Issued?: Yes

Food Temperature: **Product/Item/Unit:** bbq pork; **Temperature Process:** Cold-Holding

Location: House 2 cooler at 50 Degrees F.

Comment: discarded

Violation Issued?: Yes

Food Temperature: **Product/Item/Unit:** milk; **Temperature Process:** Cold-Holding

Location: House 2 cooler at 38 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** cut melon; **Temperature Process:** Cold-Holding

Location: House 3 cooler at 41 Degrees F.

Comment:

Violation Issued?: No



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Minnesota Department of Health
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St Paul, MN 55164

Sanitizer Observations/Recordings

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Establishment Info

Emerald Crest of Minnetonka
Minnetonka
MN
County/Group: Hennepin County

Inspection Info

Report Number: F8041251018
Inspection Type: Full
Date: 5/12/2025
Time: 1:00 PM

Sanitizing Equipment: Product: Chlorine; **Sanitizing Process:** Dishwasher

Location: House 2 **Equal To** 10 ppm Degrees F.

Comment:

Violation Issued?: Yes

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dishwasher

Location: House 1 **Equal To** 164.5 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dishwasher

Location: House 3 **Equal To** 160 Degrees F.

Comment:

Violation Issued?: No



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Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

Emerald Crest of Minnetonka
13417 Lake Street Extension
Minnetonka
MN, MN 55305
Hennepin County
Parcel:

Phone:

License Info

License: HFID 20705

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F8041251027
Inspection Type: Follow-up - Single
Date: 5/20/2025 Time: 1:30 PM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery: Emailed

! Previous Order: 4-500 Equipment Maintenance and Operation

4-501.114C1 *Priority Level: Priority 1 CFP#: 16*

MN Rule 4626.0805C1 Provide and maintain an approved chlorine chemical sanitizer solution that has a minimum concentration of 50 ppm and a minimum temperature of 75 degrees F (24 degrees C) for water with a pH of 8 or less or a minimum temperature of 100 degrees F (38 degrees C) for water with a pH of 8.1 to 10.

COMMENT: ISSUED 3/21/23 (REPEAT): HOUSE 2 DISHWASHER DISPENSING 10 PPM CHLORINE SANITIZER SOLUTION. 5/20/25: CORRECTED ON SITE TO 50 PPM CHLORINE AFTER MACHINE WAS PRIMED AND SOLUTION CONTAINER WAS CHANGED.

Comply By: 5/12/2025 Originally Issued On: 5/12/2025

Previous 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: COUNTERTOP NEXT TO STOVE IN HOUSE 1 IS DAMAGED. CABINET IN HOUSE 2 BY STOVE IS IN POOR REPAIR.

Comply By: 6/12/2025 Originally Issued On: 5/12/2025

Previous Order: 6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.14A *Priority Level: Priority 3 CFP#: 56*

MN Rule 4626.1530A Maintain clean all intake and exhaust air ducts and change filters so they are not a source of contamination.

COMMENT: BUILD-UP OF DUST ON THE VENTILATION HOOD FILTERS IN HOUSE 2 AND 3.

Comply By: 5/19/2025 Originally Issued On: 5/12/2025

Food & Beverage General Comment

This was a scheduled follow-up inspection to check refrigeration in house 1 & 2 and the dishwasher in house 2.

A new cooler has been installed in house 1. TCS foods in house 1 & 2 measured 41F or below.

Chlorine sanitizer for the dish machine in house 2 measured 50 ppm after machine was primed and solution container was changed. Monitor sanitizer solution concentration.

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 F8041251027 from 5/20/2025



Kelly Rice
Director of Housing

Sarah Conboy,
Public Health Sanitarian Supervisor
651-201-3984
sarah.conboy@state.mn.us



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Minnesota Department of Health
625 Robert St N, PO BOX 64975
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Temperature Observations/Recordings

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Establishment Info

Emerald Crest of Minnetonka
Minnetonka
MN
County/Group: Hennepin County

Inspection Info

Report Number: F8041251027
Inspection Type: Follow-up
Date: 5/20/2025
Time: 1:30 PM

Food Temperature: **Product/Item/Unit:** squash soup; **Temperature Process:** Cold-Holding

Location: House 1 cooler at 33 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** chicken salad ; **Temperature Process:** Cold-Holding

Location: House 2 cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** milk; **Temperature Process:** Cold-Holding

Location: House 2 cooler at 39 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** chicken salad; **Temperature Process:** Cold-Holding

Location: House 1 cooler at 36 Degrees F.

Comment:

Violation Issued?: No



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Sanitizer Observations/Recordings

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Establishment Info

Inspection Info

Emerald Crest of Minnetonka
Minnetonka
MN
County/Group: Hennepin County

Report Number: F8041251027
Inspection Type: Follow-up
Date: 5/20/2025
Time: 1:30 PM

Sanitizing Equipment: Product: Chlorine; **Sanitizing Process:** Dishwasher
Location: House 2 **Equal To** 50 ppm Degrees F.
Comment:
Violation Issued?: No