



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 12, 2025

Licensee
Lexington Landing
900 Old Lexington Avenue
Saint Paul, MN 55116

RE: Project Number(s) SL36884016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 6, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

Lexington Landing

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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>

INFORMAL CONFERENCE

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Lexington Landing. **Please contact Jess Schoenecker at 651-201-3789 on or before Friday August 15, 2025, to schedule the conference call.**

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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36884	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2025
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NAME OF PROVIDER OR SUPPLIER LEXINGTON LANDING	STREET ADDRESS, CITY, STATE, ZIP CODE 900 OLD LEXINGTON AVENUE SAINT PAUL, MN 55116
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(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, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: Project # SL36884016-0</p> <p>On June 2, 2025, through June 4, 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 fifty-five (55) residents receiving services under the provider's 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 Facility with dementia care. 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>	
0 130 SS=C	144G.12, Subd. 1 Application for Licensure	0 130		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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0 130	<p>Continued From page 1</p> <p>Each application for an assisted living facility license, including provisional and renewal applications, must include information sufficient to show that the applicant meets the requirements of licensure, including:</p> <ul style="list-style-type: none"> (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership 	0 130		

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0 130	<p>Continued From page 2</p> <p>interest in the licensee of five percent or greater and that specifies their relationship with the licensee and with each other;</p> <p>(13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of:</p> <p>(i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act;</p> <p>(ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service;</p> <p>(iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service;</p> <p>(iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal</p>	0 130		

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0 130	<p>Continued From page 3</p> <p>Regulations, title 42, section 1001.101 or 1001.201;</p> <p>(v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance;</p> <p>(vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period;</p> <p>(vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority;</p> <p>(viii) any revocation or suspension of accreditation; or</p> <p>(ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program;</p> <p>(14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings;</p> <p>(15) the signature of the owner of the licensee, or an authorized agent of the licensee;</p> <p>(16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted,</p>	0 130		

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0 130	<p>Continued From page 4</p> <p>conditioned, refused, not renewed, or revoked under a private or state-controlled receivership, or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to meet the requirements of assisted living facility licensure when the licensee exceeded the capacity limit indicated on the assisted living license. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect 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>The licensee held an Assisted Living Facility with Dementia Care (ALFDC) license, effective August 1, 2024, that indicated a maximum licensed capacity of 64 residents.</p> <p>On June 3, 2025, from approximately 11:10 a.m. to 1:50 p.m., the surveyor toured the five-story facility with licensed assisted living director (LALD)-C and director of maintenance (DM)-D. During the tour, the surveyor inquired about the number of residents currently residing in the</p>	0 130		

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0 130	<p>Continued From page 5</p> <p>facility and the general layout of the facility. DM-D informed the surveyor that floors 4 and 5 of the facility were not included in the assisted living license and were not included in licensed resident capacity as they were independent living floors. DM-D stated that the facility was licensed for 64 residents, with 55 residents receiving services. The 55 residents receiving services resided on floors 1, 2, and 3, which were considered assisted living floors. The surveyor questioned DM-D and LALD-C further regarding the licensing and DM-D stated that there was a horizontal separation between floor 3 and floor 4, separating the top two floors from the rest of the building. No further information or documentation was provided to the surveyor regarding separation. The surveyor did not survey resident rooms on floors 4 and 5 per indication of DM-D and LALD-C that those rooms were not included in building license; only common areas, maintenance areas, and staff areas were toured on floors 4 and 5 during the survey.</p> <p>Minnesota Statute 144G.08, subdivision 5, dated 2024, defined an Assisted living contract as the legal agreement between a resident and an assisted living facility for housing and, if applicable, assisted living services.</p> <p>Minnesota Statute 144G.50, subdivision 1, dated 2024, indicated an assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 130		

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0 775	Continued From page 6	0 775		
0 775 SS=E	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain facility in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect some 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 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).</p> <p>The findings include:</p> <p>On June 3, 2025, from approximately 11:10 a.m. to 1:50 p.m., the surveyor toured the facility with licensed assisted living director (LALD)-C and director of maintenance (DM)-D. During the tour, the surveyor observed the following deficient conditions:</p> <p>Multiplug adapters were in use in resident room 330 and resident room 337. Extension cords and multiplug adapters should not be used in lieu of permanent wiring as they are not rated for continuous use and may pose a fire risk. LALD-C</p>	0 775		

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0 775	<p>Continued From page 7</p> <p>and DM-D acknowledged the use of the multiplug adapters and indicated that the use of such devices goes against the building policy, and the would conduct further training with residents to avoid use of such devices.</p> <p>The TR-1 closet on the 3rd floor and the HVAC closet on the 1st floor had penetrations where new conduit had been run, that were either missing or had deteriorated fire caulking. DM-D acknowledged that the penetrations should be caulked and indicated the caulking would be ordered.</p> <p>On June 3, 2025, the surveyor explained to LALD-C and RMD-D the requirements for proper maintenance of rated assemblies with penetrations and use of multiplug adapters. RMD-D stated they understood requirements and would make appropriate changes.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 775		
01890 SS=D	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an opened insulin pen was dated when opened, and when</p>	01890		

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01890	<p>Continued From page 8</p> <p>the pen would expire for one of one resident (R4).</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 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>On June 3,2025 at 8:30 a.m., unlicensed personnel (ULP)-B was observed to prepare a Humalog Kwik pen (injector device for insulin administration) for R4. ULP-B verified there was no open or expiration date for R4's insulin pen. Also, ULP-B was not sure when insulin should have been labeled and discarded and should ask a nurse.</p> <p>On June 4 ,2025 at, at 1:00 p.m., registered nurse (RN)-A acknowledged insulin pens should be dated at the time of opening. RN-A stated they would retrain staff.</p> <p>The manufacturer's instructions for Humalog dated July 2023, indicated "Do not use your Pen past the expiration date printed on the Label or for more than 28 days after you first start using the Pen."</p> <p>The licensee's Insulin Pen Management Policy revised August 9, 2022, indicated "Insulin medications must be administered according to the prescriber's orders. A label will need to be placed on the individual pen and/or insulin storage."</p>	01890		

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01890	Continued From page 9 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		



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

Page: 1

Establishment Info

Lexington Landing
900 Old Lexington Avenue
St Paul, MN 55116
Ramsey County
Parcel:

Phone:

License Info

License: HFID 36884

Risk:
License:
Expires on:
CFPM: JAMES KLEIN
CFPM #: 2391; Exp: 06/26/2027

Inspection Info

Report Number: F1023251019
Inspection Type: Full - Single
Date: 6/3/2025 Time: 9:26:44 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. INSPECTION CONDUCTED IN PRESENCE OF THE PERSON IN CHARGE.

THIS FACILITY HAS COMMERCIAL EQUIPMENT IN A MAIN KITCHEN AREA, BISTRO AREA, AND MEMORY CARE SERVICE AREA. FOOD SERVICE IS PROVIDED BY CARE FACILITY STAFF.

FOODS SUCH AS PRE-COOKED CHICKEN, ROASTS, AND ROP SOUPS ARE PREPARED AT THE PRES HOMES COMMISSARY KITCHEN AND DELIVERED FROZEN.

THESE TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:

- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- FOOD COOLING METHODS
- FOOD REHEATING METHODS
- VOMIT CLEAN UP PROCEDURE
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- PASTEURIZED SHELL EGGS

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 F1023251019 from 6/3/2025

Gregory T Nelson

JAMES KLEIN
PERSON IN CHARGE

Greg Nelson,
Public Health Sanitarian 3
651-201-4259
greg.nelson@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info

Lexington Landing
St Paul
County/Group: Ramsey County

Inspection Info

Report Number: F1023251019
Inspection Type: Full
Date: 6/3/2025
Time: 9:26:44 AM

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

Location: Prep Cooler Bistro at 41 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: CUT FRUIT; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: Prep Cooler at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: Drawers at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: Walk-in Cooler at 40 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

Page: 1

Establishment Info

Lexington Landing
St Paul
County/Group: Ramsey County

Inspection Info

Report Number: F1023251019
Inspection Type: Full
Date: 6/3/2025
Time: 9:26:44 AM

Sanitizing Chemical: Product: Sink and Surface; **Sanitizing Process:** Dispenser

Location: 3-Comp Sink **Equal To** 700 PPM

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Sink and Surface; **Sanitizing Process:** Wiping Cloth Bucket

Location: Kitchen **Equal To** 700 PPM

Comment:

Violation Issued?: No

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 171 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area Bistro **Equal To** Degrees F.

Comment:

Violation Issued?: No

Food Establishment Inspection Report

<p>Metro District Office Minnesota Department of Health 625 Robert St N, PO BOX 64975 St Paul, MN 55164</p>	No. of Risk Factor/Intervention/Violations	0	Date: 6/3/2025
	No. of Repeat Risk Factor/Intervention/Violations		Time: 9:26:44 AM
	Score (optional)		Dur: min

Establishment: Lexington Landing	Address: 900 Old Lexington Avenue	City/State: St Paul, MN	Zip: 55116	Phone:
License/Permit #: HFID 36884	Permit Holder:	Purpose of Inspection: Full	Est. Type:	Risk Category:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable			Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Compliance Status		Description	COS	R	
Supervision					
1	IN	Person in charge present, demonstrate knowledge and performs duties			
2	IN	Certified Food Protection Manager			
Employee Health					
3	IN	knowledge, responsibilities, and reporting			
4	IN	Proper use of restriction and exclusion			
5	IN	Response to vomiting, diarrheal events			
Good Hygienic Practices					
6	IN	Proper eating, tasting, drinking, tobacco use			
7	IN	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN	Hands clean and properly washed			
9	IN	No bare hand contact with RTE foods, alternatives			
10	IN	Adequate handwashing sinks supplied and access			
Approved Source					
11	IN	Food obtained from approved source			
12	N/O	Food Received at proper temperature			
13	IN	Food in good condition, safe & unadulterated			
14	N/A	Records available: shellstock tags, parasite dest.			
Protection From Contamination					
15	IN	Food separated and protected			
16	IN	Food-contact surfaces; cleaned & sanitized			
17	IN	Proper Disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		Description	COS	R	
Time/Temperature Control for Safety					
18	N/O	Proper cooking time & temperatures			
19	N/O	Proper reheating procedures for hot holding			
20	N/O	Proper cooling time and temperature			
21	N/O	Proper hot holding temperatures			
22	IN	Proper cold holding temperatures			
23	IN	Proper date marking & disposition			
24	N/A	Time as public health control; procedures & record			
Consumer Advisory					
25	N/A	Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
26	IN	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	N/A	Food additives; approved & properly used			
28	N/A	Toxic substances properly identified; stored; used			
Conformance with Approved Procedures					
29	N/A	Compliance with variance, specialized processes & HACCP plan			

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Mark "X" or OUT in box if numbered item is not in compliance			Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Compliance Status		Description	COS	R	
Safe Food and Water					
30	N/A	Pasteurized eggs used where required			
31		Water & ice from approved source			
32	N/A	Variance obtained for specialized processing methods			
Food Temperature Control					
33		Proper cooling methods used; adequate equipment for temperature control			
34	N/O	Plant food properly cooked for hot holding			
35	N/O	Approved thawing methods used			
36		Thermometers provided & accurate			
Food Identification					
37		Food properly labeled; original container			
Prevention of Food Contamination					
38		Insects, rodents, & animals not present; no unauthorized person			
39		Contamination prevented during food prep, storage, & display			
40		Personal cleanliness			
41		Wiping cloths: properly used & stored			
42		Washing fruits & vegetables			
Proper Use of Utensils					
43		In-use utensils; Properly stored			
44		Utensils, equipment & linens; properly stored, dried, handled			
45		Single-use & single-service articles, properly stored and used			
46		Gloves used properly			
Utensils, Equipment and Vending					
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48		Warewashing facilities: installed, maintained, used; test strips			
49		Non-food contact surfaces clean			
Physical Facilities					
50		Hot & cold water available; adequate pressure			
51		Plumbing installed; proper backflow devices			
52		Sewage & waste water properly disposed			
53		Toilet facilities; properly constructed, supplied & cleaned			
54		Garbage & refuse properly disposed; facilities maintained			
55		Physical facilities installed, maintained & clean			
56		Adequate ventilation & lighting; designated areas used			
57		Compliance with MCIAA			
58		Compliance with licensing and plan review			

Person in Charge (signature) _____

Inspector (signature) *Gregory T Nelson*

Follow-up: _____ Follow-up Date: _____