

Electronically Delivered

July 25, 2023

Licensee

New Perspective - Eagan  
3810 Alder Lane  
Eagan, MN 55122

RE: Project Number(s) SL23505015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 22, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

### STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The 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 and enforcement actions 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).

### **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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

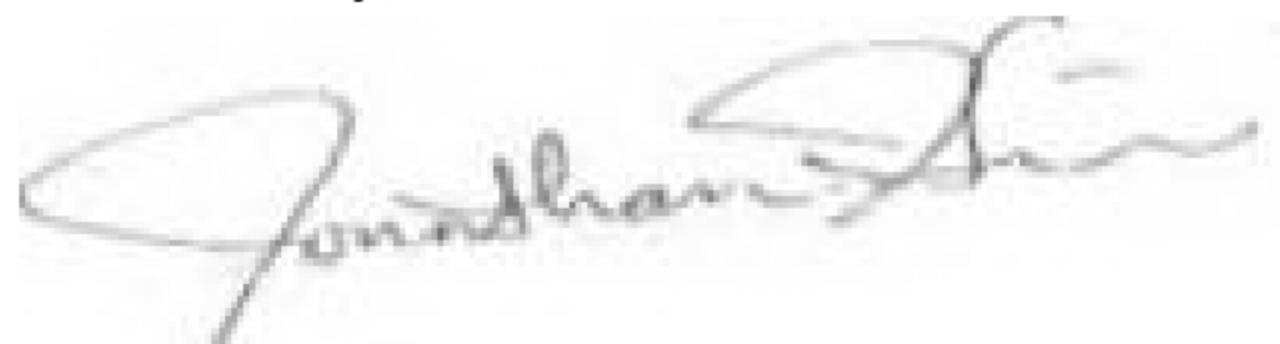
Please address your cover letter for reconsideration requests to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

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,



Jonathan Hill, Supervisor  
State Evaluation Team  
Email: [jonathan.hill@state.mn.us](mailto:jonathan.hill@state.mn.us)  
Telephone: 651-201-3993 Fax: 651-281-9796

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  23505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/22/2023
NAME OF PROVIDER OR SUPPLIER  NEW PERSPECTIVE - EAGAN		STREET ADDRESS, CITY, STATE, ZIP CODE  3810 ALDER LANE EAGAN, MN 55122		
(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(S)</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: SL23505015-0</p> <p>On June 20th, 2023, through June 22nd, 2023, 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 73 residents receiving services under the provider's Assisted Living/Dementia Care Facility 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 License Providers. 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 surveyors' 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. The letter in the left column is used for tracking purposes and reflects the scope and level pursuant to 144G.31 Subd. 1, 2 and 3.</p>	
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according</p>	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	<p>Continued From page 1</p> <p>to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</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) 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>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated June 21, 2023, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited	0 970		

## Minnesota Department of Health

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0 970	<p>Continued From page 2 required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure the contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all 73 residents living at the facility.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a 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 the potential to affect a large portion or all the residents).</p> <p>Findings include:</p> <p>On June 20, 2023, at 10:40 a.m., during the entrance conference, a copy of the Licensees' resident agreement was requested and later reviewed by surveyors.</p> <p>R2, R3, R4, R5, and R6's assisted living contract, titled Residency Agreement, signed December 16, 2022, December 20, 2022, November 14, 2022, July 26, 2021, and April 8, 2022, respectively, included the following language indicating waivers of liability:</p> <p>Section II: Basic Services and Accommodations; 5. a; Liability to Others "Resident shall be liable to themselves, Resident's family, Resident's guests, invitees, or other occupants or persons on the premises of Community for damage to the property of others</p>	0 970		

## Minnesota Department of Health

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0 970	<p>Continued From page 3</p> <p>at Community (including Community) and for any injury, theft, burglary, assault, other crimes; or failure to secure the Leased Premises from damage caused by fire, smoke, water, wind, rain, or any other causes that Resident or Resident's guests, invitees cause to any Resident, team member or visitor at Community, or themselves. Resident is responsible for any damage Resident causes to the Leased Premises or any part of Community, and for any personal injury caused or permitted by Resident, Resident's guests, and invitees. If more than one (1) Resident occupies the Leased Premises, each Resident is jointly and severally liable for any such damage or personal injury."</p> <p>Section VI: General Terms</p> <p>4. By Community</p> <p>"Throughout Community, there may be public balconies and/or a balcony in Resident's Leased Premises. If Resident chooses to use such balcony, Resident does so at their own risk. Community is not responsible for any injury that may result from use of a balcony. Community is also not responsible for damage or loss of any property used or placed on a balcony;" and</p> <p>15. Indemnification</p> <p>"Community shall not be liable whatsoever for lost, stolen, or damaged property or any property loss or bodily injury or death due to fire, windstorms, hurricanes, tornados, or any other natural or man-made hazards or incidents. Resident herein promises to indemnify and hold harmless Community and all entities and persons affiliated with Community, its owners, managers, employees, attorneys, vendors, and contractors from liability, loss, damages, costs, claims, or expenses, including attorneys' fees, incurred, alleged, or threatened as a result of, in connection with, arising out of, or relating to</p>	0 970		

Minnesota Department of Health

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0 970	<p>Continued From page 4</p> <p>Resident and/or Community relating to any terms of this Agreement that may result in harm, death to Resident or damage to Resident's property or to any other individual or entity beginning on the date of the signing of this Agreement until the end of time. By signing this Agreement, the parties specifically acknowledge that they understand the terms of this section. This section survives the termination of this Agreement."</p> <p>On June 21 2023, at 12:10 p.m., director of operations (DOO)-K stated, the licensee recently looked at the resident agreement due to findings from a survey at another one of the licensee's locations. DOO-K also indicated it appeared more areas of the resident agreement need to be reviewed.</p> <p>On June 21, 2023, at 12:18 p.m., licensed assisted living director (LALD)-A stated, that some apartments have balconies. Both LALD-A and DOO-K verbalized they would have the resident agreement reviewed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 970		
0 980 SS=C	144G.51 ARBITRATION  (a) An assisted living facility must clearly and conspicuously disclose, in writing in an assisted living contract, any arbitration provision in the contract that precludes, limits, or delays the ability of a resident from taking a civil action. (b) An arbitration requirement must not include a choice of law or choice of venue provision. Assisted living contracts must adhere to	0 980		

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0 980	<p>Continued From page 5</p> <p>Minnesota law and any other applicable federal or local law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract's arbitration provision did not preclude, limit, or delay the ability of a resident from taking civil action. The licensee further failed to ensure the contract did not include a choice of venue provision. This had the potential to affect all 73 residents living at the facility.</p> <p>This practice resulted in a level one 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 had the potential to affect a large portion or all of the residents).</p> <p>On June 20, 2023, at 10:40 a.m., during the entrance conference, a copy of the Licensees' resident agreement was requested and later reviewed by surveyors.</p> <p>The licensee's residency agreement contract, dated April 10, 2023, included an Alternative Dispute Resolution Agreement with language on page 40 that indicated "both parties to this Alternative Dispute Resolution Agreement, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law or equity before a judge or jury, and instead are accepting the use of mediation and binding arbitration." The agreement further included language on page 42 which limited the choice of venue to the county where the facility</p>	0 980		

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0 980	<p>Continued From page 6 was located.</p> <p>On June 21, 2023, during a 12:10 p.m. interview, director of operations (DOO)-K stated the licensee recently looked at the resident agreement due to findings from a survey at another one of the licensee's locations. DOO-K also stated it appeared more areas of the resident agreement need to be reviewed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 980		



Minnesota Department of Health  
Food, Pools, & Lodging Services  
P.O. Box 64975  
Saint Paul, MN 55164-0975  
651-201-4500

Type: Full  
Date: 06/21/23  
Time: 10:00:00  
Report: 1005231113

# Food and Beverage Establishment Inspection Report

Page 1

**Location:**  
New Perspective - Eagan  
3810 Alder Lane  
Eagan, MN55122  
Dakota County, 19

**Establishment Info:**  
ID #: 0038295  
Risk:  
Announced Inspection: No

## License Categories:

## Operator:

Expires on: / /

Phone #: 6513792410  
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

## 3-300B Protection from Contamination: cross-contamination, eggs

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

IN THE WALK-IN COOLER, RAW BEEF WAS STORED OVER PRECOOKED PORK. KEEP RAW ANIMAL FOODS BELOW COOKED AND READY-TO-EAT FOODS.

*Comply By: 06/21/23*

## 2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

MANAGER HAS TAKEN BOTH SERVSAFE AND FSP FOOD SAFETY COURSES, BUT DID NOT APPLY FOR MN CFPM.

*Comply By: 12/21/23*

## **6-500 Physical Facility Maintenance/Operation and Pest Control**

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

THERE IS A BUILD-UP OF DUST ON THE CEILING TILES, PARTICULARLY NEAR THE DISH MACHINE.

*Comply By: 06/28/23*

# Surface and Equipment Sanitizers

Type: Full  
Date: 06/21/23  
Time: 10:00:00  
Report: 1005231113  
New Perspective - Eagan

# Food and Beverage Establishment Inspection Report

Page 2

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit

Location: WIPING CLOTH BUCKET

Violation Issued: No

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit

Location: 3-COMP SINK DISPENSER

Violation Issued: No

Chlorine: = 50PPM at Degrees Fahrenheit

Location: DISH MACHINE

Violation Issued: No

## Food and Equipment Temperatures

Process/Item: Cold Hold/CHILI

Temperature: 40 Degrees Fahrenheit - Location: WALK-IN COOLER

Violation Issued: No

Process/Item: Cold Hold/HAMBURGER

Temperature: 37 Degrees Fahrenheit - Location: WALK-IN COOLER

Violation Issued: No

Process/Item: Cold Hold/CUT MELON

Temperature: 38 Degrees Fahrenheit - Location: WALK-IN COOLER

Violation Issued: No

Process/Item: Cold Hold/HAM SALAD

Temperature: 37 Degrees Fahrenheit - Location: WALK-IN COOLER

Violation Issued: No

Process/Item: Cold Hold/COTTAGE CHEESE

Temperature: 37 Degrees Fahrenheit - Location: TRUE UPRIGHT COOLER

Violation Issued: No

Process/Item: Cooking/BEEF

Temperature: 155 Degrees Fahrenheit - Location: OVEN

Violation Issued: No

Process/Item: Comm. Reheat/CHX CHOW MEIN

Temperature: 193 Degrees Fahrenheit - Location: OVEN

Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	1	0	2

INSPECTION COMPLETED WITH KITCHEN MANAGER AND REVIEWED WITH HRD NURSE EVALUATOR TAMMY CARLSON.

DISCUSSED ALL ORDERS ON REPORT. DISCUSSED COOLING, DATE-MARKING, AND EMPLOYEE ILLNESS.

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

Type: Full  
Date: 06/21/23  
Time: 10:00:00  
Report: 1005231113  
New Perspective - Eagan

# Food and Beverage Establishment Inspection Report

Page 3

ESTABLISHMENT ANY FOOD EMPLOYEE ILL WITH VOMITING OR DIARRHEA. EMPLOYEES MUST BE EXCLUDED FOR AT LEAST 24 HOURS AFTER LAST SYMPTOM.

**NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

I acknowledge receipt of the Minnesota Department of Health inspection report number 1005231113 of 06/21/23.

Certified Food Protection Manager: \_\_\_\_\_

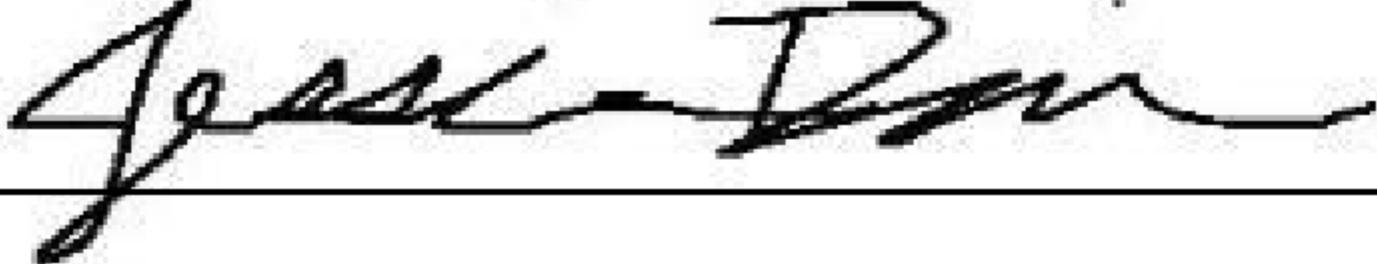
Certification Number: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

PAUL HOKANSON  
KITCHEN MANAGER

Signed: \_\_\_\_\_

  
Jessica Davis  
Public Health Sanitarian III  
651-201-3961  
jessica.davis@state.mn.us