



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

April 23, 2025

Licensee

Vernon Terrace of Edina  
5250 Vernon Avenue South  
Edina, MN 55436

RE: Project Number(s) SL28216016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 7, 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).

### **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:

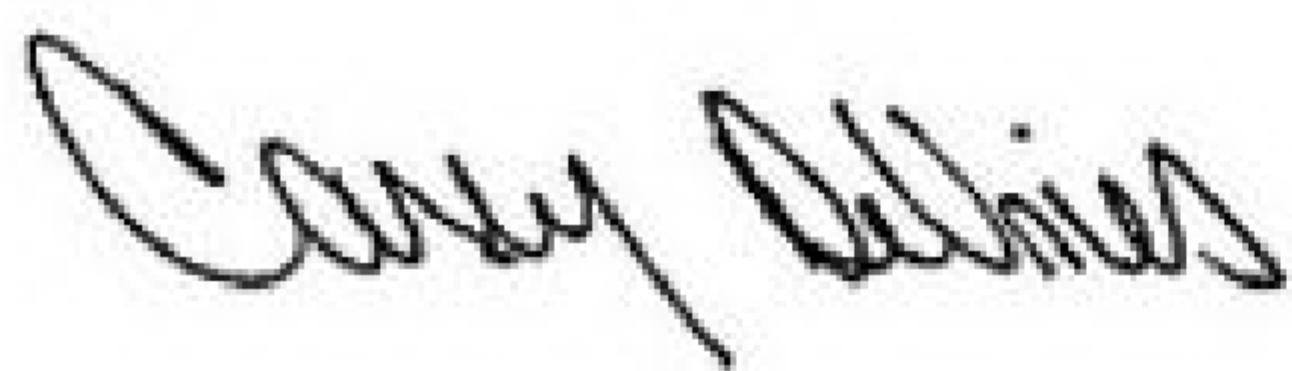
**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**.

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](mailto: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,



Casey DeVries, Supervisor

State Evaluation Team

Email: [Casey.DeVries@state.mn.us](mailto:Casey.DeVries@state.mn.us)

Telephone: 651-201-5917 Fax: -866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28216</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/07/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VERNON TERRACE OF EDINA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5250 VERNON AVENUE SOUTH EDINA, MN 55436</b>			
(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><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></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:</p> <p>SL28216016-0</p> <p>On January 6, 2025, through January 7, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 149 residents; 43 receiving services under the Assisted Living Facility 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 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.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>		
0 480 SS=F	<p><b>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</b></p> <p>(a) Except as provided in paragraph (b), food</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	Continued From page 1  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 allowed provided the facility keeps them clean	0 480			

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0 480	<p>Continued From page 2</p> <p>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. This had the potential to affect all residents of the assisted living facility.</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 (FBEIR) dated January 7, 2024, for the specific Minnesota Food Code deficiencies. The Inspection Report was provided to the licensee on January 7, 2024.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480			



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0 950 SS=C	<p>144G.50 Subd. 3 Designation of representative</p> <p>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to give residents the right to identify a designated representative for two of two residents (R2, R3).</p>	0 950			

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0 950	<p>Continued From page 4</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>The findings include:</p> <p>R2 R2 was admitted to the licensee on June 2, 2023.</p> <p>R2's resident record and Resident Agreement signed August 8, 2024, lacked a designated representative election form.</p> <p>R3 R3 was admitted to the licensee on December 20, 2024.</p> <p>R3's resident record and Resident Agreement signed December 10, 2024, lacked a designated representative election form.</p> <p>On January 7, 2025, at 9:55 a.m., the surveyor observed R3 receiving medication administration.</p> <p>On January 7, 2025, at 11:14 a.m., the surveyor observed R2 receiving services.</p> <p>On January 7, 2025, at 12:25 p.m., licensed assisted living director (LALD)-D stated in the past they only provided residents with the verbatim language in their admission packet which did not have a section to fill out to elect or decline a designated representative. LALD-D stated they recently created a new designated representative form which included the required</p>	0 950			

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0 950	<p>Continued From page 5</p> <p>information but were still in the process of implementing its use; they provided a blank copy of the new designated representative form. LALD-D stated the new form was not completed for R2.</p> <p>On January 7, 2025, at 12:59 p.m., LALD-D stated they would check to see if the new form was used for R3's admission. Regional registered nurse (RRN)-E stated they hoped the new form had been completed since R3 was a new admission. LALD-D returned and stated the new form had not been used for R3 when they were admitted; they stated they needed to get the form completed for those who hadn't already.</p> <p>The licensee's Client Record policy last reviewed on December 2, 2020, indicated the resident record will include, "Identifying information about the resident and the resident's family or designated representative." Further, it indicated the record will include, "Names, addresses, and telephone numbers of an emergency contact, family members identified by the resident and/or resident's designated representative.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 950			





Minnesota Department Of Health  
Food, Pools, and Lodging Services  
P.O. Box 64975  
St. Paul, MN 55164-0975  
651-201-4500

Type: Full  
Date: 01/07/25  
Time: 11:01:38  
Report: 1050251005

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

Vernon Terrace Of Edina  
5250 Vernon Avenue South  
Edina, MN55436  
Hennepin County, 27

### Establishment Info:

ID #: 0037657  
Risk:  
Announced Inspection: No

### License Categories:

Expires on: / /

### Operator:

Phone #: 9529255615  
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.

### 4-600 Cleaning Equipment and Utensils

#### 4-601.11A **\*\* Priority 2 \*\***

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

OBSERVED DOUGH MIXING MACHINE WITH LEFT OVER FOOD DEBRIS. DISCUSSED BREAKING DOWN EQUIPMENT TO ALLOW PROPER CLEANING BEFORE USE. COMPLY WITH RULE ABOVE.

Comply By: 01/07/25

### Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit

Location: Kitchen Dispenser

Violation Issued: No

Hot Water: = at 165F Degrees Fahrenheit

Location: Dishwasher

Violation Issued: No

### Food and Equipment Temperatures

Process/Item: Hot Holding/Patty Melt

Temperature: 178F Degrees Fahrenheit - Location: Hot Box Table

Violation Issued: No

Process/Item: Hot Holding/Burger

Temperature: 156F Degrees Fahrenheit - Location: Hot Box Table

Violation Issued: No



Type: Full  
Date: 01/07/25  
Time: 11:01:38  
Report: 1050251005  
Vernon Terrace Of Edina

# Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding/ Salad Temperature: 40F Degrees Fahrenheit - Location: Cook Line Cooler Violation Issued: No
Process/Item: Cold Holding/Egg Salad Temperature: 41F Degrees Fahrenheit - Location: Walk-In Cooler Violation Issued: No
Process/Item: Cold Holding/Onions Temperature: 40F Degrees Fahrenheit - Location: Cook Line Cooler Violation Issued: No
Process/Item: Cold Holding/Ham Temperature: 38F Degrees Fahrenheit - Location: Walk-In Cooler Violation Issued: No
Process/Item: Cold Holding/Soup Temperature: 38F Degrees Fahrenheit - Location: Walk-In Cooler Violation Issued: No
Process/Item: Cold Holding/Chili Temperature: 37F Degrees Fahrenheit - Location: Walk-In Cooler Violation Issued: No

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

Announced inspection completed by MDH Andrew Spaulding and Chef Daniel Geltz on 1/7/25.

Deliveries from US Foods and Bix Produce recalls are monitored through communications.

Adams Pest COntrol services facility on a monthly basis no current issues or pests seen on site.

Verified Mixer machine was ANSI Certified discussed labeling requirements.

Discussed staff illness policy, final cook temperatures, cooling, temperature control, cleaning, produce washing, date marking, food storage, ware washing, sanitizer use, hand washing, glove use, and food handling procedures.

All violations were discussed with person in charge at time of inspection.



Type: Full  
Date: 01/07/25  
Time: 11:01:38  
Report: 1050251005  
Vernon Terrace Of Edina

# Food and Beverage Establishment Inspection Report

Page 3

**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 1050251005 of 01/07/25.

Certified Food Protection Manager Daniel J. Geltz

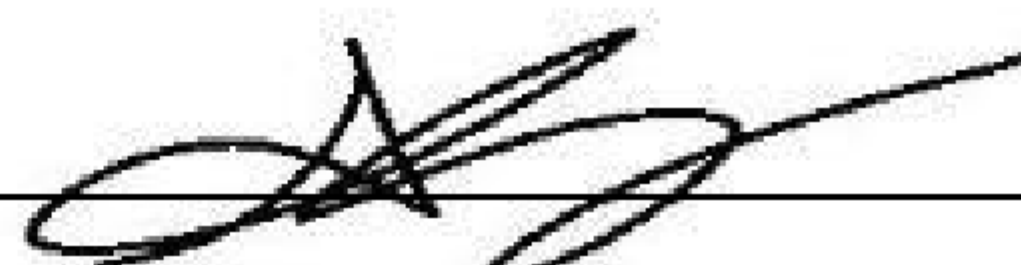
Certification Number: FM87760 Expires: 02/23/27

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

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

Daniel J. Geltz  
Chef

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

  
Andrew Spaulding  
Public Health Sanitarian 2  
FPLS Metro  
651-201-5298  
andrew.spaulding@state.mn.us