



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 4, 2025

Licensee

The Glenn Minnetonka
5300 Woodhill Road
Minnetonka, MN 55345

RE: Project Number(s) SL28261016

Dear Licensee:

On October 20, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on May 21, 2025 and the follow-up survey completed on August 13, 2025. This follow-up survey verified that the facility is in substantial compliance.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jess'.

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 30, 2025

Licensee
The Glenn Minnetonka
5300 Woodhill Road
Minnetonka, MN 55345

RE: Project Number(s) SL28261016

Dear Licensee:

On August 13, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on May 21, 2025. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the May 21, 2025 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on May 21, 2025, found not corrected at the time of the August 13, 2025, follow-up survey and/or subject to penalty assessment are as follows:

1290-Background Studies Required-144g.60 Subdivision 1 - \$1,000.00

The details of the violations noted at the time of this follow-up survey completed on August 13, 2025 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

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;
- Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
- Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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.

We urge you to review these orders carefully. If you have questions, please contact Jess Schoenecker at 651-201-3789.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

Sincerely,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/13/2025
NAME OF PROVIDER OR SUPPLIER THE GLENN MINNETONKA			STREET ADDRESS, CITY, STATE, ZIP CODE 5300 WOODHILL ROAD MINNETONKA, MN 55345		
(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 FOLLOW UP SURVEY WITH RE-ISSUE OF ORDERS</p> <p>INITIAL COMMENTS SL28261016-1</p> <p>On August 13, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on May 21, 2025. At the time of the survey, there were 174 residents; 100 receiving services under the Assisted Living Facility with Dementia Care license. As a result of the follow-up survey, the following orders were reissued and/or issued.</p>	{0 000}	<p>Minnesota Department of Health is documenting the State 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>		
{0 730} SS=D	144G.43 Subd. 3 Contents of resident record	{0 730}			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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{0 730}	<p>Continued From page 1</p> <p>Contents of a resident record include the following for each resident:</p> <p>(1) identifying information, including the resident's name, date of birth, address, and telephone number;</p> <p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;</p> <p>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;</p> <p>(5) the resident's advance directives, if any;</p> <p>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;</p> <p>(7) the facility's current and previous assessments and service plans;</p> <p>(8) all records of communications pertinent to the resident's services;</p> <p>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p>	{0 730}			

Minnesota Department of Health

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{0 730}	Continued From page 2 (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by:	{0 730}	Not evaluated this survey		
{01290} SS=G	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees had a cleared Department of Human Services (DHS) background study, affiliated with the current	{01290}			

Minnesota Department of Health

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{01290}	<p>Continued From page 3</p> <p>health facility identification (HFID), prior to staff providing services for one of one employee (licensed practical nurse (LPN)-K). This had the potential to affect all residents residing in the assisted living facility.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) 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>LPN-K was issued a licensed practical nursing license in the state of Minnesota on November 26, 2002.</p> <p>LPN-K was hired on August 1, 2021, and began providing assisted living services.</p> <p>On August 13, 2025, at 11:18 a.m., licensed assisted living director (LALD)-A provided a NETStudy 2.0 roster to the surveyor. The NETStudy 2.0 Roster indicated LPN-K's background study had expired on December 31, 2022.</p> <p>On August 13, 2022, at 1:48 p.m., LALD-A stated they were unaware LPN-K had an expired background study. LALD-A stated employee files had been audited after the last survey.</p> <p>The Background Studies for HLB-Licensed Providers FAQ issued August 1, 2022, by the Minnesota Department of Health (MDH) indicated</p>	{01290}			

Minnesota Department of Health

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{01290}	<p>Continued From page 4</p> <p>Individuals who were licensed by a health licensing board (HLB) prior to implementation of 214.075 background checks in 2018 must stay on the entity's NETStudy 2.0 roster. DHS will continue to perform background studies for HLB-licensed individuals who are not exempt under the new law.</p> <p>The MDH Emergency Background Studies End dated July 31, 2024, indicated emergency background studies are no longer valid as of December 31, 2022, and individuals with emergency studies must have a fully compliant, fingerprint-based background study.</p> <p>The licensee's 2.0 Background Studies policy dated April 16, 2025, indicated individuals who received initial, full licensure from a Minnesota health-related licensing board prior to January 1, 2018, would have a background study initiated by the facility and are affiliated on the NETStudy 2.0 facility roster.</p> <p>No further information was provided.</p>	{01290}			
{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:</p>	{01890}	Not evaluated this survey		

Minnesota Department of Health

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{01960}	Continued From page 5	{01960}			
{01960} SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by:	{01960}			
			Not evaluated this survey		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 23, 2025

Licensee

The Glenn Minnetonka
5300 Woodhill Road
Minnetonka, MN 55345

RE: Project Number(s) SL28261016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 21, 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.

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:

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. 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 Glenn Minnetonka

July 23, 2025

Page 3

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,

A handwritten signature in black ink, appearing to read 'Jess', with a stylized flourish extending to the right.

Jess Schoenecker, Supervisor

tate 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: 28261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/21/2025
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0 000	<p>Initial Comments</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:</p> <p>SL28261016-0</p> <p>On May 19, 2025, through May 21, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 168 residents; 101 residents receiving services under the Assisted Living Facility with Dementia Care license.</p> <p>On May 21, 2025, an immediate correction order was issued for tag identification 1290.</p> <p>During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged.</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>		
0 730 SS=D	<p>144G.43 Subd. 3 Contents of resident record</p> <p>Contents of a resident record include the</p>	0 730			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 730	<p>Continued From page 1</p> <p>following for each resident:</p> <p>(1) identifying information, including the resident's name, date of birth, address, and telephone number;</p> <p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;</p> <p>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;</p> <p>(5) the resident's advance directives, if any;</p> <p>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;</p> <p>(7) the facility's current and previous assessments and service plans;</p> <p>(8) all records of communications pertinent to the resident's services;</p> <p>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p>	0 730			

Minnesota Department of Health

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0 730	<p>Continued From page 2</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure resident records included documentation of services provided for one of six residents (R3).</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 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>R3 was admitted on April 10, 2025, and began receiving assisted living services.</p> <p>R3's Resident Service Plan dated April 23, 2025, indicated R3's services included assistance with oxygen, provided by a resident assistant, three times daily.</p> <p>R3's medication administration record (MAR) for May 2025 and R3's service log for May 2025, lacked documentation of provision of oxygen administration assistance.</p> <p>On May 21, 2025, at 1:42 p.m., regional director of clinical services (RDCO)-H indicated the</p>	0 730			

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER THE GLENN MINNETONKA			STREET ADDRESS, CITY, STATE, ZIP CODE 5300 WOODHILL ROAD MINNETONKA, MN 55345		
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0 730	<p>Continued From page 3</p> <p>documentation for oxygen administration assistance would be in the MAR or service delivery record. RDCO-H stated the service had been "entered into Eldermark [electronic documentation system] as an FYI" and indicated it would not have been reflected on the MAR or the service delivery record.</p> <p>The licensee's Resident Records policy dated August 1, 2021, indicated resident records would include documentation that services have been provided as identified in the service plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 730			
01290 SS=I	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced</p>	01290			

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01290	<p>Continued From page 4</p> <p>by: Based on interview and record review, the licensee failed to ensure employees had a cleared Department of Human Services (DHS) background study, affiliated with the current health facility identification (HFID), prior to staff providing services for one of ten employees (registered nurse (RN)-J). This had the potential to affect all residents residing in the assisted living facility.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>RN-J was issued a registered nursing license in the state of Minnesota on April 10, 1986.</p> <p>RN-J was hired on August 8, 2022, and began providing assisted living services.</p> <p>On May 19, 2025, during the entrance conference at 11:00 a.m., the surveyor requested the licensee's NETStudy 2.0 (web-based system for submitting and storing DHS background studies) background study roster. Upon receipt of the NETStudy 2.0 roster, the surveyor observed RN-J's name was not included in the roster.</p> <p>On May 21, 2025, at 9:46 a.m., the surveyor requested documentation of RN-J's background study. RN-J's record lacked documentation a</p>	01290	During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged.		

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01290	<p>Continued From page 5</p> <p>DHS background study was completed prior to RN-J providing services.</p> <p>On May 21, 2021, at approximately 10:15 a.m., licensed assisted living director (LALD)-A stated they did not run a background study on RN-J as it was not required due to RN-J possessing a license issued by a health-related licensing board.</p> <p>The Background Studies for HLB-Licensed Providers FAQ issued August 1, 2022, by the Minnesota Department of Health (MDH) indicated Individuals who were licensed by a health licensing board (HLB) prior to implementation of 214.075 background checks in 2018 must stay on the entity's NETStudy 2.0 roster. DHS will continue to perform background studies for HLB-licensed individuals who are not exempt under the new law.</p> <p>The licensee's 2.0 Background Studies policy dated April 16, 2025, indicated individuals who received initial, full licensure from a Minnesota health-related licensing board prior to January 1, 2018, would have a background study initiated by the facility and are affiliated on the NETStudy 2.0 facility roster.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p>	01290			
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</p>	01890			

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01890	<p>Continued From page 6</p> <p>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 medications were labeled correctly 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>R4 was admitted on March 11, 2024, and began receiving assisted living services</p> <p>R4's service plan dated November 19, 2024, indicated R4's services included medication administration and insulin injections four times daily.</p> <p>On May 19, 2025, at 2:15 p.m., during a review of the medication storage cart in the memory care unit, the surveyor observed an opened Lantus insulin pen belonging to R4 and lacking an open date written on the medication.</p> <p>On May 19, 2025, at 2:15 p.m., clinical nurse supervisor (CNS)-B stated R4's insulin was not marked with an open date and should have been labeled. CNS-B stated they did not know why as</p>	01890			

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01890	Continued From page 7 this was their first day with the organization. Manufacturer instructions for Lantus revised June 2023, indicated the medication should not be used longer than 28 days after the first injection. The licensee's Storage of Medications policy revised December 29, 2022, did not address labeling of opened medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890			
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure resident records included documentation of services provided for one of six residents (R4). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01960			

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01960	<p>Continued From page 8</p> <p>safety but had the potential to have harmed a resident's health or safety) 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>R4 was admitted on March 11, 2024, and began receiving assisted living services.</p> <p>R4's record included a physician order dated October 21, 2024, indicating blood glucose was to be tested four times a day and as needed.</p> <p>R4's record included a Resident Service Plan dated November 19, 2024, indicated R1's services included a blood glucose check four times daily at 7:00 a.m., 11:00 a.m., 4:00 p.m., and 8:00 p.m.</p> <p>R4's medication administration record dated May 2025, indicated R4's blood glucose was checked three times daily at 7:30 a.m., 12:00 p.m., and 5:00 p.m.</p> <p>R4's record lacked documentation that blood glucose was checked at 8:00 pm as directed by physician order and R4's service plan.</p> <p>On May 21, 2025, at 1:42 p.m., regional director of clinical services (RDCO)-H stated the blood sugar was not documented as ordered by the physician and directed by the service plan. RDCO-H stated it was a transcription error.</p> <p>The licensee's Resident Records policy dated August 1, 2021, indicated resident records would include documentation that services have been</p>	01960			

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01960	Continued From page 9 provided as identified in the service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01960			



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

The Glenn Minnetonka
5300 Woodhill Road
Minnetonka, MN 55345
Hennepin County
Parcel:

Phone:

License Info

License: HFID 28261

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

Inspection Info

Report Number: F1018251010
Inspection Type: Full - Single
Date: 5/20/2025 Time: 2:56:06 PM
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 ESTABLISHMENT IS AN ASSISTED LIVING FACILITY.

THE KITCHEN IS FULLY CONTRACTED OUT TO A 3RD PARTY AND NONE OF THE STAFF EMPLOYED AT THE ASSISTED LIVING FACILITY WORK IN THE KITCHEN.

THE KITCHEN IS FULLY LICENSED AND INSPECTED BY THE CITY OF MINNETONKA.

NO FOOD INSPECTION CONDUCTED BY MDH.

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 F1018251010 from 5/20/2025

Establishment Representative

Rebecca Prestwood, REHS
Public Health Sanitarian 3
651-201-3777
rebecca.prestwood@state.mn.us