



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 10, 2025

Licensee

Meadow Woods Assisted Living
1301 East 100th Street
Bloomington, MN 55425

RE: Project Number(s) SL20264016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 17, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

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.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating

factor.

To submit a hearing request, please visit:

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEpHVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



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

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER MEADOW WOODS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 EAST 100TH STREET BLOOMINGTON, MN 55425		
(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:</p> <p>SL20264016</p> <p>On October 13, 2025, through October 17, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were one hundred-eight (108) residents receiving services under the Assisted Living Facility with Dementia Care license.</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>	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER MEADOW WOODS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 EAST 100TH STREET BLOOMINGTON, MN 55425		
(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
0 480	<p>Continued From page 1</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A,</p>	0 480		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER MEADOW WOODS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 EAST 100TH STREET BLOOMINGTON, MN 55425		
(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
0 480	<p>Continued From page 2</p> <p>existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;</p> <p>(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</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p> This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 14, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24</p>	0 480		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER MEADOW WOODS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 EAST 100TH STREET BLOOMINGTON, MN 55425		
(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
0 480	Continued From page 3 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control for one of one unlicensed personnel ((ULP)-B). 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).	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER MEADOW WOODS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 EAST 100TH STREET BLOOMINGTON, MN 55425		
(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
0 510	<p>Continued From page 4</p> <p>The findings include:</p> <p>R6 was admitted on January 27, 2025, with a diagnosis of unspecified right bundle branch block.</p> <p>During observation on October 13, 2025, at 1:15 p.m., ULP-B washed hands with soap and water at a sink in a kitchen area and applied (donned) gloves to both hands when she entered R6's room. With the right gloved hand, ULP-B obtained a blood sample from R6's left ring finger, using a finger lancet. ULP-B had obtained a lancet from the medication cart in the hallway before entering R6's room. ULP-B applied the blood on the left ring finger to the blood glucose testing strip and inserted the strip into the blood glucose testing machine. ULP-B applied pressure to R6's left ring finger using ULP-B's gloved left hand. ULP-B obtained R6's blood glucose level and proceeded to access the electronic medical record (EMR) on a computer. With gloved hands, ULP-B began typing on the keyboard. ULP-B then removed both gloves and threw them in a waste container along with the blood glucose strip. ULP-B placed the finger lancet into a biohazard waste container. ULP-B returned to the computer and continued to type, documenting R6's blood glucose level. After typing on the computer keyboard, ULP-B then applied hand sanitizer to both hands.</p> <p>On October 13, 2025, at 1:25 p.m., ULP-B stated she viewed training videos on hand washing, glove use, and blood glucose testing when she was hired and was also trained by a registered nurse (RN) on how to perform hand washing and blood glucose testing. ULP-B stated when she was done being trained an RN watched her</p>	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER MEADOW WOODS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 EAST 100TH STREET BLOOMINGTON, MN 55425		
(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
0 510	<p>Continued From page 5</p> <p>complete hand washing and blood glucose testing to ensure she was competent.</p> <p>On October 13, 2025, at 2:20 p.m., licensed assisted living director (LALD)-C stated all ULPs were trained by an RN for any delegated tasks including hand hygiene and blood glucose testing. LALD-C stated after the RN delegated any task RN would ensure staff were performing the delegated tasks before they were able to work on their own.</p> <p>The licensee's Handwashing policy dated August 1, 2022, indicated handwashing would be performed before and after any gloving.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510		
0 775 SS=F	<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 comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to</p>	0 775		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER MEADOW WOODS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 EAST 100TH STREET BLOOMINGTON, MN 55425		
(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
0 775	<p>Continued From page 6</p> <p>cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During facility tour on October 14, 2025, from 10:05 a.m. through 11:42 a.m., with licensed assisted living director (LALD)-C and director of maintenance (DM)-D, the surveyor observed the following:</p> <p>FIRE RATED DOORS</p> <p>Fire rated doors were not maintained to automatically close and latch as designed in the following locations:</p> <ul style="list-style-type: none"> -Second floor dementia care laundry room strike plate was missing and the door did not latch. -Double twenty-minute doors on magnetic holds into the first-floor dining room did not fully close and latch when released from the magnetic holds. -Third floor activity room had two twenty-minute doors held open with wedges. -Corridor door by resident room 216 did not fully close and latch. -Twenty-minute doors to resident rooms 116, 130, 233, 236, 224, 222, 221, 217, 316, 326, and 330 all had spring hinges that did not automatically close the doors as designed. <p>State Fire Code in Minnesota Rules, chapter 7511 requires fire rated doors be maintained to automatically close and latch as designed.</p>	0 775		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER MEADOW WOODS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 EAST 100TH STREET BLOOMINGTON, MN 55425		
(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
0 775	<p>Continued From page 7</p> <p>DOOR LOCKING</p> <p>In the basement there were walk doors leading from the corridor into garage stalls. There were slide locks on the corridor side of the doors in addition to the keyed lock on the doorknob. The slide lock could not be used from the garage side of the door and there were no other exits leading out of the garage. Staff or residents would not be able to exit the garage if the slide lock was engaged while they were inside the garage.</p> <p>EMERGENCY LIGHTING</p> <p>During the tour, no emergency lights were observed in the facility. DM-D stated that the facility had a generator that would automatically power facility lights in the event of a power outage. DM-D stated that in December 2024 the generator needed costly repairs and instead of repair the generator, the facility rented a generator to replace the one that needed repairs. DM-D stated that facility owners asked to have the rental generator removed on October 13, 2025, due to the cost of the rental. DM-D stated that the facility did have emergency lights prior to getting a generator, but they were removed. DM-D stated that they plan to install new emergency lights where the original lights had been removed. DM-D and LALD-C acknowledged that at the time of the survey emergency lighting was not provided.</p> <p>State Fire Code in Minnesota Rules, chapter 7511 requires emergency lighting be provided at all times that the building is occupied.</p> <p>LALD-C and DM-D verified the above findings while accompanying on the tour and stated they</p>	0 775		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER MEADOW WOODS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 EAST 100TH STREET BLOOMINGTON, MN 55425		
(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
0 775	Continued From page 8 understood the requirements. TIME PERIOD FOR CORRECTION: Two (2) days.	0 775		

Food & Beverage Inspection Report

Page: 1

Establishment Info	License Info	Inspection Info
Meadow Woods Assisted Living 1301 EAST 100TH STREET Bloomington, MN 55425 Hennepin County Parcel: Phone: malcolm.kaplan@fareview.org	License: HFID 20264 Risk: License: Expires on: CFPM: Malcolm Irving Kaplan CFPM #: 29279; Exp: 08/27/2027	Report Number: F8044251232 Inspection Type: Full - Single Date: 10/14/2025 Time: 9:07:26 AM Duration: minutes Announced Inspection: Yes <u>Total Priority 1 Orders: 0</u> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 1</u> Delivery: Emailed

New Order: 6-300 Physical Facility Numbers and Capacities

6-301.14A Priority Level: Priority 3 CFP#: 10

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.

COMMENT: Signs missing from serving kitchen handwashing sinks.

Comply By: 10/14/2025 Originally Issued On: 10/14/2025

Food & Beverage General Comment

HRD inspection conducted with nurse evaluator Elyse Jones. Report reviewed on site with Malcom Kaplan.

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 Rochester District Office inspection report number F8044251232 from 10/14/2025



Malcolm Kaplan
Culinary Director

Michael DeMars, RS
Public Health Sanitarian 3
michael.demars@state.mn.us

Temperature Observations/Recordings

Page: 1

Establishment Info

Meadow Woods Assisted Living
Bloomington
County/Group: Hennepin County

Inspection Info

Report Number: F8044251232
Inspection Type: Full
Date: 10/14/2025
Time: 9:07:26 AM

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

Location: Upright Cooler at 38.0 Degrees F.

Comment:

Violation Issued?: No

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

Location: Upright Cooler at 38.0 Degrees F.

Comment:

Violation Issued?: No

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

Location: Walk-in Cooler at 35.6 Degrees F.

Comment:

Violation Issued?: No

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

Location: Walk-in Cooler at 38.0 Degrees F.

Comment:

Violation Issued?: No

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

Location: Memory Care 1 Refrigerator at 41.0 Degrees F.

Comment:

Violation Issued?: No

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

Location: Memory Care 2 Refrigerator at 28.0 Degrees F.

Comment:

Violation Issued?: No

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

Location: Memory Care 3 Refrigerator at 38.0 Degrees F.

Comment:

Violation Issued?: No



Rochester District Office
Minnesota Department of Health
3425 40th Ave NW, Suite 115
Rochester, MN 55901

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Meadow Woods Assisted Living
Bloomington
County/Group: Hennepin County

Inspection Info

Report Number: F8044251232
Inspection Type: Full
Date: 10/14/2025
Time: 9:07:26 AM

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

Location: Dishwashing Area Equal To 161.4 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Lactic Acid; **Sanitizing Process:** Wiping Cloth Bucket

Location: Memory Care 1 Equal To 1875 PPM

Comment:

Violation Issued?: No