



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 19, 2025

Licensee
Beacon Hill
5300 Beacon Hill Road
Minnetonka, MN 55345

RE: Project Number(s) SL20025016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 1, 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 2: a fine of \$500 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

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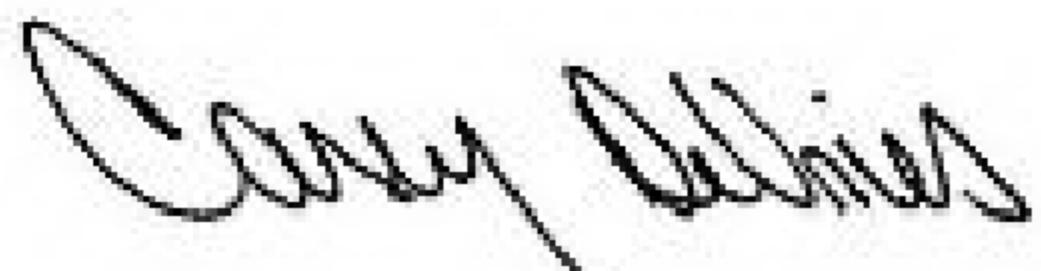
a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

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Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20025 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/01/2025 |
|---|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER BEACON HILL | | STREET ADDRESS, CITY, STATE, ZIP CODE 5300 BEACON HILL 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 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>SL20025016-0</p> <p>On June 30, 2025, through July 1, 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 41 residents; 41 receiving services under the Assisted Living Facility.</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

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| 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, existing floor, wall, and ceiling finishes are</p> | 0 480 | | |

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| 0 480 | <p>Continued From page 2</p> <p>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. 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 July 1, 2025, for the specific Minnesota Food Code deficiencies. The Inspection Report was provided to the licensee on July 1, 2025.</p> | 0 480 | | |

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| 0 480 | Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 0 775 SS=F | 144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed comply with Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents. 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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On June 30, 2025, the surveyor toured the facility with maintenance (M)-G. The following was observed: The fire rated unit doors leading from the common hallway into resident rooms 315, and 106 would not close and latch automatically. Swinging fire doors shall close from the full-open | 0 775 | | |

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| 0 775 | Continued From page 4 position and latch automatically. TIME PERIOD FOR CORRECTION: Seven (7) days | 0 775 | | |
| 0 780 SS=D | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: | 0 780 | | |

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| 0 780 | <p>Continued From page 5</p> <p>Based on observation and interview, the licensee failed to provide smoke alarms that were interconnected so that the actuation of one alarm caused all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect some staff and residents.</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>On June 30, 2025, the surveyor toured the facility with maintenance (M)-G. Survey staff asked M-G to initiate a test of the smoke alarms throughout the facility.</p> <p>Upon testing, it was found that the smoke alarms in resident room 303 were not interconnected.</p> <p>All dwelling units required to have multiple smoke alarms are required to have interconnected alarms so activation of one alarm activates all alarms within the dwelling unit.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p> | 0 780 | | |
| 0 810 SS=F | <p>144G.45 Subd. 2 (b-f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The</p> | 0 810 | | |

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| 0 810 | <p>Continued From page 7</p> <p>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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On June 30, 2024, maintenance (M)-G provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p>DRILLS: The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. Record review of licensee's evacuation drill log, indicated evacuation drills were conducted on May 23, 2025, and May 16, 2025. No other documentation was provided.</p> <p>On June 30, 2025, M-G stated there were no additional documented drills for the facility, but that they had a drill matrix to use going forward that would bring them into compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 810 | | |
| 0 950 SS=C | 144G.50 Subd. 3 Designation of representative (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 | 0 950 | | |

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| 0 950 | <p>Continued From page 8</p> <p>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 interview and record review, the licensee failed to include verbatim language, separate from the resident contract, giving residents the right to identify a designated representative for two of two residents (R2, R3).</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</p> | 0 950 | | |

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| 0 950 | <p>Continued From page 9</p> <p>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 September 26, 2024.</p> <p>R2's Service Plan dated September 26, 2024, indicated R2 received services for shower assistance, medication management, and linen changes.</p> <p>R3 R3 was admitted to the licensee on March 25, 2025.</p> <p>R3's Service Plan dated March 25, 2025, indicated R3 received services for medication management, insulin administration, and home making.</p> <p>On July 1, 2025, at 11:28 a.m., licensed assisted living director (LALD)-E stated the designated representative information in R2 and R3's contract did not match the required verbatim statute language. LALD-E took a picture of the required verbatim language from the surveyor's resource so they could update their contract.</p> <p>On July 1, 2025, at 11:51 a.m., LALD-E provided their admission packet for new residents and included an Assisted Living Notices and Disclosure form revised on October 1, 2022. The form included the required verbatim language but was not on its own form, it also included information for the right to contact the ombudsman, assisted living bill of rights information, contact information for the office of</p> | 0 950 | | |

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| 0 950 | <p>Continued From page 10</p> <p>ombudsman, OHFC and the Minnesota Adult Abuse Reporting Center (MAARC). LALD-E stated this had come up in other surveys with their legal department with the language on another page. The surveyor explained the designated representative needed to be on its own form separate from other information in the contract.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 950 | | |
| 01620 SS=D | <p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</p> <p>(c) Resident reassessment and monitoring must be conducted by a registered nurse:</p> <p>(1) no more than 14 calendar days after initiation of services;</p> | 01620 | | |

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| 01620 | <p>Continued From page 11</p> <p>(2) as needed based on changes in the resident's needs; and</p> <p>(3) at least every 90 calendar days.</p> <p>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a comprehensive reassessment no more than 14 days after initiation of services for one of two residents (R2).</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</p> | 01620 | | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20025 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/01/2025 |
|---|---|--|--|---|
| NAME OF PROVIDER OR SUPPLIER BEACON HILL | | STREET ADDRESS, CITY, STATE, ZIP CODE 5300 BEACON HILL ROAD MINNETONKA, MN 55345 | | |
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| 01620 | <p>Continued From page 12</p> <p>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>R2 was admitted to the licensee on September 26, 2024.</p> <p>R2's Service Plan dated September 26, 2024, indicated R2 received services for medication management, escorts, and showers.</p> <p>R2's record included an Admission Assessment completed on September 26, 2024, and a 14-day Assessment completed on October 15, 2024. The 14-day Assessment was completed 19 days after the admission assessment, or five days past the 14-day requirement.</p> <p>On July 1, 2025, at 11:43 a.m., licensed assisted living director (LALD)-E stated R2's 14-day assessment was completed late.</p> <p>On July 1, 2025, at 1:01 p.m., registered nurse (RN)-H stated Rtask (charting software) should give alerts to remind nursing an assessment was due. RN-H stated nursing checked Rtask daily, but it just got missed. RN-H stated all three of their nurses can do assessments and were aware of the assessment requirements.</p> <p>The licensee's MN AL Nursing Assessment Policy dated May 3, 2022, indicated:</p> <p>"An RN will complete the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required:</p> <p>a. Initial Assessment</p> | 01620 | | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20025 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/01/2025 |
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| 01620 | <p>Continued From page 13</p> <p>b. 14 day assessment completed up to 14 days after start of services and will include:</p> <ul style="list-style-type: none"> i. An evaluation of the resident's medication management services and the resident's medications and complete a medication management plan if the organization provides services related to the resident's medications ii. An evaluation of the resident's treatments, if any and complete the treatment and therapy management plan if the organization provides services related to the resident's treatments iii. Communication of any new problems or concerns to the resident's physician or health care providers <p>c. Ongoing assessment: completed periodically but no less than every 90 days</p> <p>d. Change in resident condition."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01620 | | |
| 01890 SS=D | <p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure time-sensitive medications were labeled with an opened-on date for one of two residents (R4) with</p> | 01890 | | |

Minnesota Department of Health

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| 01890 | <p>Continued From page 14</p> <p>insulin.</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 to the licensee on March 25, 2025.</p> <p>R4's Service Plan dated March 25, 2025, indicated R4 received services for insulin administration and medication administration.</p> <p>R4's prescription for Lantus dated June 9, 2025, indicated R4 took Lantus 34 units (u) daily in the morning.</p> <p>R4's Med Admin Summary (medication administration record (MAR)), for June and July 2025, indicated Lantus 34u were administered on June 11, 2025, through July 1, 2025.</p> <p>On July 1, 2025, at 8:26 a.m., the surveyor observed unlicensed personnel (ULP)-B administer Lantus 34u using R4's Lantus Solostar insulin pen. The surveyor observed R4's Lantus insulin pen was three-quarters full and had a yellow sticker which indicated, "Date Opened," but was left blank. ULP-B stated it was the responsibility of the person who opened the insulin pen to label it with an opened-on date.</p> | 01890 | | |

Minnesota Department of Health

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| 01890 | <p>Continued From page 15</p> <p>On July 1, 2025, at 9:08 a.m., clinical nurse supervisor (CNS)-A stated ULPs were trained to label insulin pens when they opened a new one. CNS-A stated they conducted annual skills training but would conduct a staff wide training on the topic.</p> <p>The manufacturer instructions for Lantus Solostar insulin pen, revised in 2022, indicated an in-use insulin pen should be disposed of 28 days after opening.</p> <p>The licensee's Storage of Medications policy, undated, indicated:</p> <p>"Drugs dispensed in the manufacturer original container will expire on the expiration date on the manufacturer container or the expiration date on the pharmacy label, whichever date is the earlier of the two. Once opened, these medications may be used until the manufacturer's expiration date is reached unless the medication is:</p> <ul style="list-style-type: none"> a. A multi-dose injectable vial or pen device b. An ophthalmic medication c. Diabetic supplies d. Certain multi-dose items susceptible to contamination after opening." <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01890 | | |

Food & Beverage Inspection Report

Page: 1

| Establishment Info | License Info | Inspection Info |
|--|---|---|
| Beacon Hill 5300 Beacon Hill Road Minnetonka, MN 55345 Hennepin County Parcel: Phone: | License: HFID 20025 Risk: License: Expires on: CFPM: Drew Swanson CFPM #: 63949; Exp: 10/21/2026 | Report Number: F8041251053 Inspection Type: Full - Single Date: 7/1/2025 Time: 10:00 AM Duration: minutes Announced Inspection: <u>Total Priority 1 Orders: 1</u> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 1</u> Delivery: Emailed |

! New Order: 3-500B Microbial Control: hot and cold holding

3-501.16A2 Priority Level: Priority 1 CFP#: 22

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

COMMENT: ISSUED 8/21/23 (REPEAT 7/1/25): 1. COOKED BURGER IN BAG STORED ON TOP OF CONTAINER IN COOLER AT 48F. BURGER WAS DISCARDED. DISCUSSED NOT OVERFILLING CONTAINERS OR STORING TCS FOOD ON TOP OF CONTAINERS. 2. TCS FOODS (SHELL/LIQUID EGG, SHREDDED CHEESE) STORED IN ICED CONTAINER ON CART DURING BREAKFAST SERVICE. THESE ITEMS MUST BE STORED USING MECHANICAL REFRIGERATION. DISCARD IF NOT USED DURING BREAKFAST.

Comply By: 7/1/2025 Originally Issued On: 7/1/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11 Priority Level: Priority 3 CFP#: 55

MN Rule 4626.1515 Maintain the physical facilities in good repair.

COMMENT: GROUT IS DETERIORATING BETWEEN THE FLOOR TILES ON THE COOKLINE. RE-GROUT AS NEEDED TO ENSURE THE FLOORING IN THIS AREA CAN BE SUFFICIENTLY CLEANED.

Comply By: 9/1/2025 Originally Issued On: 7/1/2025

Food & Beverage General Comment

Inspection was completed with Drew Swanson (Culinary Director). Joey Keen was the lead Health Regulation Division Nurse Evaluator.

Assisted living facility has a commercial kitchen and prepares meals for about 30 residents in this building. Establishment also prepares meals (dinner only) for neighboring independent living facility.

Discussed the following:

- Employee illness policy and logging requirements
- Reporting foodborne illness complaints to the health dept.
- Handwashing
- Glove-use and bare hand contact
- Proper food storage
- Thermometer calibration
- Vomit clean-up procedures

- Restrictions concerning serving a highly susceptible population
 - Violations on this report
-

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 F8041251053 from 7/1/2025

Drew Swanson
Culinary Director


Sarah Conboy,
Public Health Sanitarian Supervisor
651-201-3984
sarah.conboy@state.mn.us

Temperature Observations/Recordings

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Establishment Info

Beacon Hill
Minnetonka
County/Group: Hennepin County

Inspection Info

Report Number: F8041251053
Inspection Type: Full
Date: 7/1/2025
Time: 10:00 AM

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

Location: prep cooler at 48 Degrees F.

Comment: Above fill line in cooler (discarded).

Violation Issued?: Yes

Food Temperature: Product/Item/Unit: liquid pasteurized egg; **Temperature Process:** Cold-Holding

Location: iced container on cart at 60 Degrees F.

Comment: Serve/discard after breakfast service.

Violation Issued?: Yes

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

Location: prep cooler at 37 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: sausage patty; **Temperature Process:** Hot-Holding

Location: steam table at 140 Degrees F.

Comment:

Violation Issued?: No

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

Location: dessert cooler at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: walk-in cooler at 37 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: black bean soup; **Temperature Process:** Re-Heating

Location: steamer at 185 Degrees F.

Comment:

Violation Issued?: No



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

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Beacon Hill
Minnetonka
County/Group: Hennepin County

Inspection Info

Report Number: F8041251053
Inspection Type: Full
Date: 7/1/2025
Time: 10:00 AM

Sanitizing Chemical: Product: Lactic Acid; **Sanitizing Process:** Dispenser

Location: Dishwashing Area **Equal To** 1875 PPM

Comment:

Violation Issued?: No

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

Location: Kitchen **Equal To** 704 PPM

Comment:

Violation Issued?: No

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

Location: Kitchen **Equal To** 165 Degrees F.

Comment:

Violation Issued?: No