



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 9, 2025

Licensee
Brookdale Edina
3330 Edinborough Way
Edina, MN 55435

RE: Project Number(s) SL20381016

Dear Licensee:

On March 3, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the December 12, 2024, survey were corrected. 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 cursive script that reads 'Kelly Thorson'.

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 22, 2025

Licensee
Brookdale Edina
3330 Edinborough Way
Edina, MN 55435

RE: Project Number(s) SL20381016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 12, 2024, 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 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>

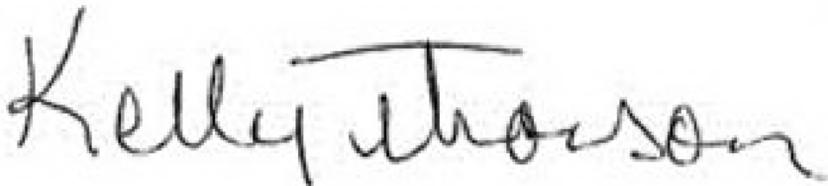
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms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

The 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 that reads "Kelly Thorson". The signature is written in a cursive style with a large, sweeping initial "K".

Kelly Thorson, Supervisor
State 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: 20381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2024
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NAME OF PROVIDER OR SUPPLIER BROOKDALE EDINA	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 EDINBOROUGH WAY EDINA, MN 55435
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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>SL20381016-0</p> <p>On December 9, 2024, through December 12, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 132 residents; 46 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 480 SS=F	<p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</p> <p>(a) Except as provided in paragraph (b), food</p>	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>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 allowed provided the facility keeps them clean</p>	0 480		

Minnesota Department of Health

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0 480	<p>Continued From page 2</p> <p>and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</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 document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated December 9, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		

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0 630	Continued From page 3	0 630		
0 630 SS=E	<p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of four residents (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) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R4 R4 was admitted on November 5, 2024, with diagnoses of dementia with agitation, depression, alcohol abuse and diabetes.</p>	0 630		

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0 630	<p>Continued From page 4</p> <p>R4's Service Plan dated November 5, 2024, indicated R4 received services including medication administration.</p> <p>On December 10, 2024, at 8:42 a.m., the surveyor observed unlicensed personnel (ULP)-C administering medications for R4.</p> <p>R4's IAPP completed on November 6, 2024, lacked assessment of the person's risk of abusing others.</p> <p>On December 11, 2024, at 10:21 a.m., executive director (ED)-A and health and wellness coordinator (HWC)-B stated [R4] was missing part of the required content for the abuse prevention plan. They stated their nurse's had to manually enter the resident's risk of abusing other vulnerable adults. They stated they were going to notify corporate to update their IAPP form to include all required content for the IAPP.</p> <p>The licensee's Individual Abuse Prevention Plan policy revised August 2021 indicated a registered nurse should do an individual abuse prevention plan at the time of the initial assessment and at least annually. The policy failed to identify the IAPP shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. Also, the policy failed to indicate the IAPP would be updated following an incident or when an assessment indicated a new vulnerability in addition to being completed upon initial assessment and at least yearly.</p>	0 630		

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0 630	Continued From page 5 No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 650 SS=D	<p>144G.42 Subd. 8 (a) Staff records</p> <p>(a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <ul style="list-style-type: none"> (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained the required content for one of three employees (licensed practical nurse (LPN)-E).</p>	0 650		

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0 650	<p>Continued From page 6</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>LPN-E began employment on June 20, 2022.</p> <p>LPN-E's employee record lacked the following: - documentation of a current annual performance review that identified areas of improvement needed and training needs.</p> <p>On December 11, 2024, at 2:45 p.m. executive director (ED)-A stated LPN-E's annual performance review was not completed. An email was sent to the employee for them to complete their part and LPN-E declined to complete her part and send it back so it did not get done. ED-A further stated they will go ahead and complete their part regardless if the employee fill out their part from now on.</p> <p>The licensee's Associate Personnel Record Job Aid document dated May 2023, indicated original, signed performance appraisal document is to be filed in the associates general personnel record. The associate is to receive a copy of the completed and signed performance appraisal.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One</p>	0 650		

Minnesota Department of Health

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0 650	Continued From page 7 (21) days	0 650		
0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a history and symptom screening for two of three employees (licensed practical nurse (LPN)-E) and (unlicensed personnel (ULP)-D)</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</p>	0 660		

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0 660	<p>Continued From page 8</p> <p>or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>The facility TB risk assessment completed July 18, 2024, indicated the facility was at a low risk for TB transmission.</p> <p>LPN-E began employment on June 20, 2022, to provide direct care services.</p> <p>LPN-E's record lacked evidence a TB history and symptom screening was completed upon hire.</p> <p>ULP-D began employment on September 12, 2023, to provide direct care services.</p> <p>ULP-D's record lacked evidence a TB history and symptom screening was completed upon hire.</p> <p>On December 11, 2024, at 2:30 p.m., executive director (ED)-A stated the TB screenings are not in their files and they should be. They may have been misfiled. ED-A further stated she knows they had been done as they would not let the employees work on the floor until the screenings were complete.</p> <p>The licensee's Tuberculosis Screening/Testing policy dated August 2023, indicated baseline TB screening is required at the time of hire for all health care workers in Minnesota and must include all of the following: assessing for current symptoms of active TB, assessing TB history, and testing for the presence of active to latent infection.</p> <p>The Minnesota Department of Health guidelines Regulations for Tuberculosis Control in Minnesota</p>	0 660		

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0 660	<p>Continued From page 9</p> <p>Health Care Settings dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include an annual facility TB risk assessment. The guidelines also indicated an employee may begin working with patients (residents) after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. Baseline TB screening should be documented in the employee's record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff</p>	0 680		

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0 680	<p>Continued From page 10</p> <p>orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written emergency disaster preparedness (EP) plan including all required content. This affected 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) 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>The licensee's undated EP plan lacked evidence of the following required content:</p> <ul style="list-style-type: none"> - develop and Maintain the EP; - maintain and Annual EP updates; - development of EP policies and procedures; - procedures for tracking of staff; - policies and procedures for medical documents; - policies and procedures for volunteers; - roles under a wavier declared by secretary; and - methods for sharing information. <p>On December 10, 2024, at 11:06 a.m., executive</p>	0 680		

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0 680	<p>Continued From page 11</p> <p>director (ED)-A stated they had corporate come last March for a mock survey and a consultant team, so they were not sure why the EP was not up to date. ED-A stated they had all the required content for the EP but thought it was recently moved.</p> <p>On December 11, 2024, at 2:33 p.m., executive director (ED)-A stated the licensee would create an annual verification for all Minnesota EP binders; and they would add the missing resident policy and procedure to their EP binder as well as the quarterly review of the missing person policy. ED-A stated the licensee would add a policy and procedure based on the EP, risk assessment and communication plan that would be reviewed annually. ED-A stated the licensee had talked about staff tracking in their drills but would add a policy and procedure that included the staff tracking. ED-A stated medical documentation is cited under the evacuation process on page 73 and page 74. ED-A stated the licensee would use their standard volunteers policy but would not use volunteers in an emergency. ED-A stated the licensee did not have any record for roles under a waiver declared by the secretary and they would reach out for additional resources and support. ED-A stated the licensee would create a policy and procedure to address the means facility would use to release resident information.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an	0 950		

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0 950	<p>Continued From page 12</p> <p>assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the assisted living contract included the designation of representative statutory language notice for one of four residents (R4).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than</p>	0 950		

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0 950	<p>Continued From page 13</p> <p>a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R4 R4 was admitted on November 5, 2024, with diagnoses of dementia with agitation, depression, alcohol abuse and diabetes.</p> <p>R4's Service Plan dated November 5, 2024, indicated R4 received services including medication administration.</p> <p>On December 10, 2024, at 8:42 a.m., the surveyor observed unlicensed personnel (ULP)-C administering medications for R4.</p> <p>R4's Resident Agreement dated October 27, 2024, identified by executive director (ED)-A as the resident's contract lacked the verbatim designated representative notice, a location to identify a designated representative, or a space for the resident to initial if they wished to decline to name one.</p> <p>R4's record lacked a separate document from the contract that included the verbatim designated representative notice, a location to identify a designated representative, or a space for the resident to initial if they wished to decline to name one.</p> <p>On December 11, 2024, at 10:22 a.m., executive director (ED)-A stated [R4] did not have an exhibit C with their contract to include the designated</p>	0 950		

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0 950	<p>Continued From page 14</p> <p>representative statutory language or to indicate if [R4] had chosen a designated representative.</p> <p>On December 12, 2024, at 9:30 a.m., ED-A stated corporate had exhibit C that contained the designation of representative statutory language and signature page turned off in their system for memory care residents, so they did not get that information at the time the contract was signed. ED-A stated they will need to get all memory care residents to re-sign the designated representative form.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 950		
01060 SS=F	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <p>(1) the reason for the relocation;</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;</p> <p>(4) if known and applicable, the approximate date or range of dates within which the resident is</p>	01060		

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01060	<p>Continued From page 15</p> <p>expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. currently known; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, or designated representative and failed to provide the notification to the Office of Ombudsman for Long-Term Care (OOLTC) when the resident did not return from the emergency relocation within four days for one of one resident (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 a</p>	01060		

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01060	<p>Continued From page 16</p> <p>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>R3 was admitted to licensee on October 31, 2022, with diagnosis of age-related cognitive (thinking and memory) decline.</p> <p>R3's Service Plan dated October 25, 2024, indicated R3 received medication management; assistance with dressing, grooming, and bathing; chronic condition management; bathroom assistance; escort and mobility; cognitive/psychosocial; and service coordination.</p> <p>R3's progress notes dated October 8, 2024, at 2:15 p.m., indicated R3's provider was notified that resident fell in their room and was being transported by ambulance to hospital.</p> <p>R3's progress notes dated October 25, 2024, at 12:36 p.m., indicated R3 had arrived at 10:50 a.m. from a transitional care unit (TCU).</p> <p>R3's record lacked documentation of R1, legal representative, designated representative, and the OOLTC received a written notice with all the required content for an emergency relocation.</p> <p>On December 11, 2024, at 2:57 p.m., regional clinical director (RCD)-H confirmed [R3] had been emergently relocated to [hospital] after a fall on October 8, 2024, and had returned to the facility on October 25, 2024, following a TCU stay. RCD-H stated the resident did not receive a written notice when they were emergently relocated. RCD-H stated the staff at the facility</p>	01060		

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01060	<p>Continued From page 17</p> <p>were not aware of the emergency relocation process; and they would provide further training.</p> <p>The licensee's Admission/Discharge policy revised August 2021 indicated the licensee would provide a written notice that contained all the required information to the resident, legal representative, and designated representative. Also, the policy indicated the OOOLTC would be notified if the resident had not returned within four days of the emergency relocation.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01060		
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 by:</p>	01290		

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01290	<p>Continued From page 18</p> <p>Based on interview and record review, the licensee failed to ensure a background study was conducted prior to staff providing services for 36 of 126 employees (unlicensed personnel (ULP)-I, ULP-J, ULP-K, ULP-L, ULP-M, ULP-N , ULP-O, ULP-P, ULP-Q, ULP-R, ULP-S, ULP-T, ULP-U, ULP-V, ULP-W, ULP-X, ULP-Y, ULP-Z, ULP-II, ULP-AA, ULP-BB, ULP-CC, ULP-DD, ULP-EE, ULP-FF, ULP-GG, ULP-HH, ULP-JJ, ULP-KK, ULP-LL, ULP-MM, ULP-NN, ULP-OO, ULP-PP, ULP-QQ, ULP-RR) with records reviewed.</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 affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-I ULP-I was hired on January 3, 2019, as a cook.</p> <p>ULP-I's background study affiliated to HFID 20381, indicated "Eligible - COVID-19 Study - Expired" with an expiration date of December 31, 2022, on the NETStudy 2.0 website roster page.</p> <p>ULP-I's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-J ULP-J was hired on June 17, 2009, as a certified nursing assistant.</p>	01290		

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01290	<p>Continued From page 19</p> <p>ULP-J's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-K ULP-K was hired on December 29, 2015, as a certified nursing assistant.</p> <p>ULP-K's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-L ULP-L was hired on April 26, 2017, as a receptionist.</p> <p>ULP-L's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-M ULP-M was hired on September 19, 2008, as a receptionist.</p> <p>ULP-M's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-N ULP-N was hired on September 1, 2021, as a resident engagement assistant.</p> <p>ULP-N's background study affiliated to HFID 20381, indicated "Eligible - COVID-19 Study - Expired" with an expiration date of December 31,</p>	01290		

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01290	<p>Continued From page 20</p> <p>2022, on the NETStudy 2.0 website roster page.</p> <p>ULP-O ULP-O was hired on November 21, 2019, as a receptionist.</p> <p>ULP-O's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-P ULP-P was hired on July 9, 2024, as a caregiver.</p> <p>ULP-P's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-Q ULP-Q was hired on January 4, 2023, as a medication technician.</p> <p>ULP-Q's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-R ULP-R was hired on October 5, 2020, as a caregiver.</p> <p>ULP-R's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-S ULP-S was hired on October 19, 2023, as a cook.</p>	01290		

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01290	<p>Continued From page 21</p> <p>ULP-S's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-T ULP-T was hired on October 28, 2015, as a dishwasher.</p> <p>ULP-T's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-U ULP-U was hired on November 9, 2016, as a dishwasher.</p> <p>ULP-U's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-V ULP-V was hired on December 8, 2006, as a lead housekeeper.</p> <p>ULP-V's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-W ULP-W was hired on February 20, 2024, as a cook.</p> <p>ULP-W's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p>	01290		

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01290	<p>Continued From page 22</p> <p>ULP-X ULP-X was hired on April 26, 2016, as a server.</p> <p>ULP-X's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-Y ULP-Y was hired on July 30, 2024, as a medication technician.</p> <p>ULP-Y's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-Z ULP-Z was hired on June 12, 2018, as a medication technician.</p> <p>ULP-Z's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-II ULP-II was hired on November 16, 2021, as a resident engagement assistant.</p> <p>ULP-II's background study affiliated to HFID 20381, indicated "Eligible - COVID-19 Study - Expired" with an expiration date of December 31, 2022, on the NETStudy 2.0 website roster page.</p> <p>ULP-AA ULP-AA was hired on November 5, 2023, as a resident engagement director.</p>	01290		

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01290	<p>Continued From page 23</p> <p>ULP-AA's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-BB ULP-BB was hired on July 5, 2023, as a caregiver.</p> <p>ULP-BB's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-CC ULP-CC was hired on October 3, 2023, as a caregiver.</p> <p>ULP-CC's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-DD ULP-DD was hired on July 30, 2008, as a receptionist.</p> <p>ULP-DD's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-EE ULP-EE was hired on March 8, 2021, as a certified nursing assistant.</p> <p>ULP-EE's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p>	01290		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2024
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NAME OF PROVIDER OR SUPPLIER BROOKDALE EDINA	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 EDINBOROUGH WAY EDINA, MN 55435
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(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
01290	<p>Continued From page 24</p> <p>ULP-FF ULP-FF was hired on August 24, 2016, as a caregiver.</p> <p>ULP-FF's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-GG ULP-GG was hired on December 21, 2020, as a server.</p> <p>ULP-GG's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-HH ULP-HH was hired on December 16, 2021, as a server.</p> <p>ULP-HH's background study affiliated to HFID 20381, indicated "Eligible - COVID-19 Study - Expired" with an expiration date of December 31, 2022, on the NETStudy 2.0 website roster page.</p> <p>ULP-JJ ULP-JJ was hired on December 6, 2006, as a lead receptionist.</p> <p>ULP-JJ's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-KK ULP-KK was hired on October 20, 2015, as a server.</p>	01290		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER BROOKDALE EDINA	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 EDINBOROUGH WAY EDINA, MN 55435
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01290	<p>Continued From page 25</p> <p>ULP-KK's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-LL ULP-LL was hired on April 16, 2007, as a Housekeeper.</p> <p>ULP-LL's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-MM ULP-MM was hired on September 27, 2016, as a lead cook.</p> <p>ULP-MM's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-NN ULP-NN was hired on October 29, 2024, as a driver.</p> <p>ULP-NN's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-OO ULP-OO was hired on September 4, 2018, as a dishwasher.</p> <p>ULP-OO's employee record lacked evidence of a completed background study clearance as required prior to providing services for the</p>	01290		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2024
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NAME OF PROVIDER OR SUPPLIER BROOKDALE EDINA	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 EDINBOROUGH WAY EDINA, MN 55435
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01290	<p>Continued From page 26</p> <p>licensee's residents.</p> <p>ULP-PP ULP-PP was hired on July 8, 2019, as a cook.</p> <p>ULP-PP's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>ULP-QQ ULP-QQ was hired on October 12, 2020, as a housekeeper.</p> <p>ULP-QQ's background study affiliated to HFID 20381 indicated that a current background check was in pending status with an application date and time of December 9, 2024, at 10:45 a.m., as indicated in the NETStudy 2.0 facility background study roster. This background was ran after the initiation of survey.</p> <p>ULP-QQ's employee record lacked evidence to indicate the licensee had submitted a background study under the current assisted living license prior to the start of the survey.</p> <p>ULP-RR ULP-RR was hired on July 25, 2022, as a caregiver.</p> <p>ULP-RR's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents.</p> <p>On December 10, 2024, at 11:06 a.m., executive director (ED)-A stated the licensee had corporate come last March to perform a MOCH (mimic) survey and a team of consultants as well, so they</p>	01290		

Minnesota Department of Health

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01290	<p>Continued From page 27</p> <p>were not sure why the background studies were not up to date for everyone.</p> <p>On December 10, 2024, at 9:46 p.m., the surveyor was carbon copied on an email from ED-A to the department of Human services/netstudy2 indicated the licensee had requested further assistance on employees not showing on the licensee's NetStudy 2.0 roster for HFID 20381. ED-A indicated the licensee had looked up twenty-three employees that should have been on the licensee's NetStudy 2.0 Roster and the following message had appeared for each employee, your entity is no longer affiliated with this person and you can no longer view this person's profile. You may continue to view prior background study documents for this person on the recent documents screen.</p> <p>On December 11, 2024, at 8:55 a.m., ED-A stated the covid background studies are what they are and were missed as an oversight. ED-A stated more information to come on the other backgrounds as they had emailed department of human services the night prior.</p> <p>On December 11, 2024, at 11:40 a.m., ED-A provided a copy of an undated page from the employee handbook that included information on criminal background checks and stated the licensee follows this as the licensee does not have a policy on backgrounds.</p> <p>The licensee's undated (no page number) from the employee's handbook, Criminal Background Checks, indicated the licensee would complete a criminal background inquiry on everyone offered a position.</p> <p>No further information was provided.</p>	01290		

Minnesota Department of Health

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01290	Continued From page 28	01290		
01620 SS=F	<p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p> <p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) 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>(e) 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 observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted a reassessment, not to exceed 14 calendar days from the initiation of services; and failed to ensure the registered nurse (RN) conducted ongoing resident</p>	01620		

Minnesota Department of Health

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01620	<p>Continued From page 29</p> <p>monitoring and reassessment not to exceed 90 calendar days from the last date of assessment for two of two residents (R3, 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) 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>R3 R3 was admitted on October 31, 2022, with diagnoses of age-related cognitive decline and major depressive disorder.</p> <p>R3's Service Plan dated October 25, 2024, indicated R3 received services including medication administration.</p> <p>On December 10, 2024, at 8:51 a.m., the surveyor observed unlicensed personnel (ULP)-C administering medications for R3.</p> <p>R3's record included an initial assessment on October 31, 2022, and a 14-day assessment completed on November 17, 2022. The 14-day assessment had been completed 17 days after the resident moved into the facility.</p> <p>R3's record included 90-day nursing assessments dated March 4, 2024, June 8, 2024, and September 13, 2024. The assessment completed June 8, 2024, indicated 96 days had passed since the prior assessment completed on March 4, 2024. The assessment completed</p>	01620		

Minnesota Department of Health

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01620	<p>Continued From page 30</p> <p>September 13, 2024, indicated 97 days had passed since the prior assessment completed on June 8, 2024.</p> <p>R4 R4 was admitted on November 5, 2024, with diagnoses of dementia with agitation, depression, alcohol abuse and diabetes.</p> <p>R4's Service Plan dated November 5, 2024, indicated R4 received services including medication administration.</p> <p>On December 10, 2024, at 8:42 a.m., the surveyor observed unlicensed personnel (ULP)-C administering medications for R4.</p> <p>R4's record included an initial assessment dated November 5, 2024, and a 14-day assessment completed on November 22, 2024. The 14-day assessment had been completed 17 days after the resident moved into the facility.</p> <p>On December 11, 2024, at 2:06 p.m., regional clinical director (RCD)-H stated they were aware the licensee had some late assessments as this was an issue prior and prior staff were no longer working for licensee. RCD-H stated they did not know why they still had late assessments in September.</p> <p>On December 11, 2024, at 2:44 p.m., RCD-H stated they figured out their system's report used to run the licensee's weekly plan for completing assessments on time had an error and was calculating the dates to be 97 days between the previous assessment and the due date of the assessment.</p> <p>On December 12, 2024, at 9:25 a.m., executive</p>	01620		

Minnesota Department of Health

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01620	<p>Continued From page 31</p> <p>director (ED)-A stated they had learned their weekly report they ran for assessments had the incorrect date for their 14-day assessments as well. The system was set up to indicate the due dates for their 14-day assessments to be completed 17 days after the resident was admitted.</p> <p>The licensee's Evaluation Process policy revised August 2021 indicated an RN should complete a Personal Service Assessment no more than 14 days after move-in and at least every 90 days or as soon as possible after a change in condition that resulted in altered care needs.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		
02040 SS=F	<p>144G.81 Subdivision 1 Fire protection and physical environment</p> <p>An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the</p>	02040		

Minnesota Department of Health

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02040	<p>Continued From page 32</p> <p>licensee failed to provide hazard vulnerability assessment or safety risk assessment of the physical environment with mitigation factors on and around the property for the facility. This deficient practice had the ability to affect all staff, residents, 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 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).</p> <p>Findings include:</p> <p>A record review and interview were conducted on December 10, 2024, at 12:10 p.m., with regional manager director (RMD)-G on the hazard vulnerability assessment for the physical environment of the facility. Record review indicated that the licensee had not performed a hazard vulnerability assessment with risk and mitigation factors on and around the property.</p> <p>During interview, RMD-G stated that the licensee had performed a hazard assessment for the Appendix Z requirements but had not performed a hazard vulnerability assessment for the physical environment on or around the property. The hazard vulnerability assessment should include the risks factors and what the facility plans to do for a mitigation process.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	02040		

Type: Full
Date: 12/09/24
Time: 10:30:10
Report: 1050241266

Food and Beverage Establishment Inspection Report

Page 1

Location:

Brookdale Edina
3330 Edinborough Way
Edina, MN55435
Hennepin County, 27

Establishment Info:

ID #: 0038655
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528314084
ID #:

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

The following orders were issued during this inspection.

2-200 Employee Health

2-201.11C

**** Priority 1 ****

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

ESTABLISHMENT MISSING ILLNESS LOG. DISCUSSED IMPORTANCE OF TRACKING GIVING POPULATION SERVED. PROVIDED MDH ILLNESS LOG VIA EMAIL. COMPLY WITH RULE ABOVE.

Comply By: 12/09/24

4-200 Equipment Design and Construction

4-202.11

**** Priority 2 ****

MN Rule 4626.0515 Discontinue use of multi-use food-contact surfaces that are not smooth, free of breaks, open seams, cracks, chips, pits and other imperfections and that are not accessible for cleaning or inspection. OBSERVED CUTTING BOARD IN KITCHEN WITH DEEP CUTS AND CRACKS. DISCUSSED MDH REQUIREMENTS AND HOW BACTERIA CAN GET TRAPPED INSIDE. DISCARD ITEM FROM ESTABLISHMENT AND REPLACE. COMPLY WITH RULE ABOVE.

CORRECTED ON SITE 12/9/24

Comply By: 12/09/24

Type: Full
Date: 12/09/24
Time: 10:30:10
Report: 1050241266
Brookdale Edina

Food and Beverage Establishment Inspection Report

5-200C Plumbing: Maintenance, fixture location

5-205.11AB

**** Priority 2 ****

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

OBSERVED HANDSINK STATION NEAR DISHWASHER BLOCKED AND NOT ACCESSIBLE.
REMOVE CART TO ALLOW PROPER USE WHEN NEEDED. COMPLY WITH RULE ABOVE.

Comply By: 12/09/24

Surface and Equipment Sanitizers

Hot Water: = at 162F Degrees Fahrenheit

Location: DISHWASHER

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/Chicken Salad

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

Violation Issued: No

Process/Item: Cold Holding/Breadsticks

Temperature: 39F Degrees Fahrenheit - Location: WALK-IN COOLER

Violation Issued: No

Process/Item: Cold Holding/Salami

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

Violation Issued: No

Process/Item: Cold Holding/Ham

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

Violation Issued: No

Process/Item: Cold Holding/Beef

Temperature: 36F Degrees Fahrenheit - Location: WALK-IN COOLER

Violation Issued: No

Process/Item: Cold Holding/Squash

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

Violation Issued: No

Process/Item: Cold Holding/Cheese

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

Violation Issued: No

Process/Item: Cold Holding/Buttermilk

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

Violation Issued: No

Process/Item: Cold Holding/Milk

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

Violation Issued: No

Type: Full
Date: 12/09/24
Time: 10:30:10
Report: 1050241266
Brookdale Edina

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding/Salad
Temperature: 42F Degrees Fahrenheit - Location: COOK LINE
Violation Issued: No

Process/Item: Cold Holding/Watermelon
Temperature: 40F Degrees Fahrenheit - Location: COOK LINE
Violation Issued: No

Process/Item: Cold Holding/Tomatoes
Temperature: 41F Degrees Fahrenheit - Location: COOK LINE
Violation Issued: No

Process/Item: Cold Holding/Honey Dew
Temperature: 41F Degrees Fahrenheit - Location: COOK LINE
Violation Issued: No

Process/Item: Hot Holding/Peas
Temperature: 140F Degrees Fahrenheit - Location: HOT BOX
Violation Issued: No

Process/Item: Hot Holding/Soup
Temperature: 155F Degrees Fahrenheit - Location: HOT BOX
Violation Issued: No

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

Announced inspection completed by MDH Andrew Spaulding and Sheila Brown on 12/9/24.

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

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

I acknowledge receipt of the Minnesota Department Of Health inspection report number 1050241266 of 12/09/24.

Certified Food Protection Manager: Sheila Brown

Certification Number: FM112877 Expires: 07/27/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Sheila Brown
Operator

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

Report #: 1050241266

Food Establishment Inspection Report



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

No. of RF/PHI Categories Out

2

Date 12/09/24

No. of Repeat RF/PHI Categories Out

0

Time In 10:30:10

Legal Authority MN Rules Chapter 4626

Time Out

Brookdale Edina

Address

3330 Edinborough Way

City/State

Edina, MN

Zip Code

55435

Telephone

9528314084

License/Permit #
0038655

Permit Holder

Purpose of Inspection
Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS=corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
Supervision			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	PIC knowledgeable; duties & oversight		
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
	Certified food protection manager, duties		
Employee Health			
3	<input type="radio"/> IN <input checked="" type="radio"/> OUT		
	Mgmt/Staff;knowledge,responsibilities&reporting		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Proper use of reporting, restriction & exclusion		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Procedures for responding to vomiting & diarrheal events		
Good Hygienic Practices			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
	Proper eating, tasting, drinking, or tobacco use		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
	Hands clean & properly washed		
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10	<input type="radio"/> IN <input checked="" type="radio"/> OUT		
	Adequate handwashing sinks supplied/accessible		
Approved Source			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Food obtained from approved source		
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Food received at proper temperature		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Food in good condition, safe, & unadulterated		
14	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
	Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Food separated and protected		
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
	Food contact surfaces: cleaned & sanitized		
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
	Proper cooking time & temperature		
19	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
	Proper reheating procedures for hot holding		
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper cooling time & temperature		
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper hot holding temperatures		
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
	Proper cold holding temperatures		
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper date marking & disposition		
24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
	Time as a public health control: procedures & records		
Consumer Advisory			
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Food additives: approved & properly used		
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Pasteurized eggs used where required		
31	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Water & ice obtained from an approved source		
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Variance obtained for specialized processing methods		
Food Temperature Control			
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper cooling methods used; adequate equipment for temperature control		
34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Plant food properly cooked for hot holding		
35	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Approved thawing methods used		
36	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Thermometers provided & accurate		
Food Identification			
37	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Food properly labeled; original container		
Prevention of Food Contamination			
38	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Insects, rodents, & animals not present		
39	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Contamination prevented during food prep, storage & display		
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Personal cleanliness		
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Wiping cloths: properly used & stored		
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Washing fruits & vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	In-use utensils: properly stored		
44	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Utensils, equipment & linens: properly stored, dried, & handled		
45	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Single-use/single service articles: properly stored & used		
46	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Gloves used properly		
Utensil Equipment and Vending			
47	<input checked="" type="radio"/> X <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Warewashing facilities: installed, maintained, & used; test strips		
49	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Non-food contact surfaces clean		
Physical Facilities			
50	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Hot & cold water available; adequate pressure		
51	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Plumbing installed; proper backflow devices		
52	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Sewage & waste water properly disposed		
53	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Toilet facilities: properly constructed, supplied, & cleaned		
54	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Garbage & refuse properly disposed; facilities maintained		
55	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Physical facilities installed, maintained, & clean		
56	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Adequate ventilation & lighting; designated areas used		
57	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Compliance with MCIAA		
58	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature)

Date: 12/10/24

Inspector (Signature)