



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

Electronically Delivered

October 21, 2025

Licensee

New Perspective Carlson Parkway  
500 Carlson Parkway  
Minnetonka, MN 55305

RE: Project Number(s) SL30757016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 18, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

### **STATE CORRECTION ORDERS**

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

### **IMPOSITION OF FINES**

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

Level 1: no fines or enforcement;

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

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

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

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

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

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

**St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - 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 \$1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

#### **DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders 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](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Renee L. Anderson".

Renee L. Anderson, Supervisor

State Evaluation Team

Email: [Renee.L.Anderson@state.mn.us](mailto:Renee.L.Anderson@state.mn.us)

Telephone: 651-201-5871 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30757</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/18/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE CARLSON PARKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 CARLSON PARKWAY MINNETONKA, MN 55305</b>
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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
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0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been 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><b>INITIAL COMMENTS:</b> SL30757016-0</p> <p>On September 16, 2025 through September 18, 2025, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were one-hundred and two residents, in which ninty-eight were receiving services under the provider's Assisted Living with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities with Dementia Care. 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	<p><b>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</b></p>	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,</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;</p> <p>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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 September 16, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p>	0 480		
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0 480	Continued From page 3	0 480		
0 775 SS=F	<p><b>144G.45 Subd. 2. (a) Fire protection and physical environment</b></p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the current State Fire Code in Minnesota Rules, chapter 7511. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 18, 2025, from 10:30 a.m. to 2:30 p.m., the surveyor toured the facility with environmental services director (ESD)-H. During the tour, the surveyor observed:</p> <p><b>SMOKE ALARMS:</b> Facility has installed hard-wired smoke alarms throughout the facility. In the 25+ surveyed</p>	0 775		

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0 775	<p>Continued From page 4</p> <p>rooms, the hard-wired alarms were over 10 years past the manufacturer date. Per MN State Fire Code and manufacturer's instructions, single-and multiple-station smoke alarms shall be replaced when they exceed ten years from the date of manufacture. All smoke alarms shall be replaced with smoke alarms having the same type of power supply.</p> <p><b>CARBON MONOXIDE ALARM:</b> Facility had battery smoke and carbon monoxide alarms in the resident rooms, alarms are not interconnected with hard-wires alarms. Mechanical rooms that have fuel fired appliances will be equipped with a carbon monoxide detector connected to the fire alarm panel or each resident living area will have a carbon monoxide alarm in accordance with MN State fire code.</p> <p>During a facility tour on September 18, 2025, at 1:30 p.m., ESD-H, verified the above listed observations while accompanying on the tour.</p> <p><b>TIME PERIOD FOR CORRECTION: Two (2) days</b></p>	0 775		
0 780 SS=F	<p><b>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</b></p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p>	0 780		

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0 780	<p>Continued From page 5</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(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</p> <p>(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;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms inside all sleeping rooms throughout the facility. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p>	0 780		

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0 780	<p>Continued From page 6</p> <p><b>ALARM IN ROOM:</b> On September 18, 2025, from 10:30 a.m. to 2:30 p.m., the surveyor toured the facility with environmental services director (ESD)-H. During the tour, the surveyor observed:</p> <p>Rooms in the memory care area had new smoke detectors in each room. There was no visible sounding device in the room or separate smoke alarm that would create an audible sound if activated. ESD-H was going to follow up with alarm company to confirm if new detectors also made audible sound when activated.</p> <p>During a facility tour on September 18, 2025, at 1:30 p.m., ESD-H, verified the above listed observations while accompanying on the tour.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Two (2) days</p>	0 780		
0 900 SS=D	<p><b>144G.50 Subdivision 1 Contract required</b></p> <p>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.</p> <p>(b) The contract must contain all the terms concerning the provision of:</p> <p>(1) housing;</p> <p>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and</p> <p>(3) the resident's service plan, if applicable.</p> <p>(c) A facility must:</p> <p>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and</p> <p>(2) give a complete copy of any signed contract</p>	0 900		

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0 900	<p>Continued From page 7</p> <p>and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the signature of the resident or their representative prior to providing any services for one of three residents (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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>R3 was admitted to the Assisted Living with Dementia Care facility on May 13, 2025.</p>	0 900		
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0 900	<p>Continued From page 8</p> <p>R3's Resident Service Agreement signed by R3's legal representative on June 27, 2025, indicated R3 received services including oxygen assistance, blood sugar testing, medication and treatment administration, fall management, self-preservation management, bowel continence management, bladder continence assistance, twice daily, bathing assistance three times weekly, and daily cueing, grooming, housekeeping, and bedrail checks, effective May 13, 2025.</p> <p>R3's medication administration record dated May 2025, indicated R3 received oral medication administration and catheter care daily, effective May 13, 2025, by licensee's unlicensed personnel.</p> <p>R3's Residency Agreement contract was signed by R3's legal representative May 16, 2025, which was 3-days after the licensee started providing services to R3 on May 13, 2025.</p> <p>On September 18, 2025, at 2:46 p.m., licensed assisted living director (LALD)-A stated via email correspondence, he was not sure why R3's residency agreement contract was signed a few days after services started. LALD-A further stated his only guess was that R3 and his legal representative accepted some financial responsibility and delayed the signing on their end. Moreover, LALD-A stated he was not employed when R3 moved in; however, he always had the contracts signed ahead of time.</p> <p>The licensee's Admission and Denial of Admission of Residents policy dated July 28, 2025, indicated at or before moving into the community, the resident or their legal</p>	0 900		

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0 900	Continued From page 9  representative would be provided with the community's residency agreement for review and execution, typically via electronic signature. Furthermore, the Executive Director or designee would countersign the residency agreement after signature by the resident or their legal representative.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited  The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.  This practice resulted in a level one (a violation that has not 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	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30757</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/18/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE CARLSON PARKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 CARLSON PARKWAY MINNETONKA, MN 55305</b>
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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
0 970	<p>Continued From page 10</p> <p>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 September 16, 2025, at approximately 11:30 a.m., licensed assisted living director (LALD)-A provided a blank assisted living contract and indicated the contract was used by the licensee for all residents who received services by licensee. The assisted living contract included the following clause on page 28, section 15, indicating a waiver of liability: "Community shall not be liable whatsoever for lost, stolen, or damaged property, or any property loss or bodily injury or death due to fire, windstorms, hurricanes, tornados, or any other natural or man-made hazards or incidents. Resident herein promises to indemnify and hold harmless Community and all entities and persons affiliated with Community, its owners, managers, employees, attorneys, vendors, and contractors from liability, loss, damages, costs, claims, or expenses, including attorneys' fees, incurred, alleged, or threatened as a result of, in connection with, arising out of, or relating to Resident and/or Community relating to any terms of this Agreement that may result in harm, death to Resident, or damage to Resident's property or to any other individual or entity beginning on the date of the signing of this Agreement until the end of time. By signing this Agreement, the parties specifically acknowledge that they understand the terms of this section. This section survives the termination of this Agreement."</p> <p>On September 16, 2025, at 12:40 p.m., LALD-A stated he was not employed with the licensee</p>	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30757</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/18/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE CARLSON PARKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 CARLSON PARKWAY MINNETONKA, MN 55305</b>
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0 970	<p>Continued From page 11</p> <p>when the assisted living contract was created, and had no knowledge the above language was in the contract. LALD-A further stated he would inform the persons responsible for the development of the contract, so those individuals could remove the liability language from the contract. Moreover, LALD-A stated the same contract was used for all residents at the facility.</p> <p>The licensee's Admission and Denial of Admission of Residents policy dated July 28, 2025, indicated at or before moving into the community, the resident or their legal representative would be provided with the Community Residency Agreement for review and execution. Furthermore, prior to initiation of services, the ED or designee would ensure that the resident or resident's legal representative would be provided with information relating to resident's rights.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		
02310 SS=F	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide care and</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30757</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/18/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE CARLSON PARKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 CARLSON PARKWAY MINNETONKA, MN 55305</b>
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02310	<p>Continued From page 12</p> <p>services according to acceptable health care, medical, or nursing standards for storage of oxygen. This had the potential to affect all 102 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>R6 was admitted to the Assisted Living with Dementia Care facility on February 22, 2024.</p> <p>R6's diagnosis included but were not limited to shortness of breath, other disorders of lungs, pulmonary hypertension (a type of high blood pressure that affects the arteries in the lungs and the right side of the heart), chronic pain, and chronic diastolic heart failure (a condition where the heart muscle is unable to relax properly between heartbeats).</p> <p>R6's service agreement dated August 11, 2025, indicated R6 received services including oxygen management, assistance with bathing, dressing, grooming, medication management, transfers, self-preservation, safety checks, housekeeping, laundry, and monthly vital signs.</p> <p>R6's medication, treatment and therapies management plan effective June 6, 2025, indicated unlicensed personnel (ULPs) may assist R6 with oxygen therapy.</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30757</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/18/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE CARLSON PARKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 CARLSON PARKWAY MINNETONKA, MN 55305</b>
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02310	<p>Continued From page 13</p> <p>On September 17, 2025, at 11:40 a.m., during a tour of R6's apartment with ULP-E, the surveyor observed two small green and silver oxygen cylinders on the floor, standing upright against a wall, next to an oxygen concentrator, in R6's bathroom. The oxygen cylinders were not secured to prevent from tipping.</p> <p>On September 17, 2025, at approximately 1:45 p.m., licensed assisted living director (LALD)-A stated he was unaware R6 had unsecured oxygen tanks stored in her apartment. LALD-A further stated the company that provided R6 the oxygen tanks should have provided a storage rack when they originally brought the oxygen tanks to R6. Furthermore, LALD-A stated he would make a call to the oxygen company and ask them to provide oxygen storage racks.</p> <p>The Oxygen Cylinder Storage Requirements from the Minnesota Department of Health (MDH) dated April 16, 2020, information based on the National Fire Protection Association, Standard 99 (NFPA 99), Health Care Facilities Code indicated oxygen cylinders must be secured (chains or racks) to prevent them from falling over.</p> <p>The licensee's Oxygen Use, Safety, and Storage policy dated November 19, 2024, indicated oxygen cylinders would be stored with all tank valves closed, in an area that was well ventilated, away from electrical panels and cords, away from radiators, open flames, and other heat sources, and in an upright position in an oxygen cylinder storage cage.</p> <p>No further information was provided.</p>	02310		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE CARLSON PARKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 CARLSON PARKWAY MINNETONKA, MN 55305</b>
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02310	Continued From page 14  TIME PERIOD FOR CORRECTION: Seven (7) days	02310		



Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

Establishment Info	License Info	Inspection Info
NEW PERSPECTIVE CARLSON PARKWAY 500 CARLSON PARKWAY Minnetonka, MN 55305 Hennepin County Parcel:  Phone:	License: HFID 30757  Risk: License: Expires on: CFPM: Culinary Services Director CFPM #: 55733; Exp: 2/2/2028	Report Number: F8041251123 Inspection Type: Full - Single Date: 9/16/2025 Time: 10:00 AM Duration: minutes Announced Inspection: <b>Total Priority 1 Orders: 2</b> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 3</u> <u>Delivery: Emailed</u>

**! New Order: 3-300C Protection from Contamination: equipment/utensils, consumers**

3-304.15A *Priority Level: Priority 1 CFP#: 15*

*MN Rule 4626.0287A* Single-use gloves must be used for only one task and be discarded when damaged or soiled, or when interruptions occur in the operation.

COMMENT: OBSERVED STAFF TOUCH FROZEN SALISBURY STEAK WITH GLOVED HAND, THEN TOUCH PAN WITH COOKED FOOD WITH SAME GLOVED HAND. STAFF DISCARDED GLOVES AND WASHED HANDS PER INSPECTOR REQUEST. GLOVE-USE AND HANDWASHING REQUIREMENTS REVIEWED WITH PIC.

*Comply By: 9/16/2025 Originally Issued On: 9/16/2025*

**! New Order: 3-500D Microbial Control: disposition of food**

3-501.18A *Priority Level: Priority 1 CFP#: 23*

*MN Rule 4626.0405A* Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.

COMMENT: WALK-IN COOLER: BONE IN CHICKEN (9/7) AND BRATWURST (8/28) DATE MARKED AND PREPARED MORE THAN 7 DAYS AGO. DISCARDED DURING INSPECTION. DATE MARKING AND DISCARD REQUIREMENTS REVIEWED WITH PIC.

*Comply By: 9/16/2025 Originally Issued On: 9/16/2025*

**New Order: 6-300 Physical Facility Numbers and Capacities**

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

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

COMMENT: NO HANDWASHING SIGN AT THE BISTRO OR MEMORY CARE HAND SINK.

*Comply By: 9/23/2025 Originally Issued On: 9/16/2025*

**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: A FEW CEILING TILES IN THE KITCHEN ARE MISSING FROM RECENT REPAIRS. NEW TILES ARE SCHEDULED TO BE INSTALLED THIS WEEK.

*Comply By: 9/23/2025 Originally Issued On: 9/16/2025*

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

6-501.12A *Priority Level: Priority 3 CFP#: 55*

*MN Rule 4626.1520A* Clean and maintain all physical facilities clean.

COMMENT: THERE IS AN ACCUMULATION OF WATER AND OTHER RESIDUE UNDER THE DISH MACHINE.

*Comply By: 9/23/2025 Originally Issued On: 9/16/2025*

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## Food & Beverage General Comment

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Inspection was completed with the Culinary Services Director, Marc Fritz. Rhonda Makela was the lead Health Regulation Division Nurse Evaluator.

This establishment has a commercial kitchen on the main floor, a serving kitchen (Betty's Kitchenette) in Memory Care and a Bistro that is only used to serve drinks during happy hour.

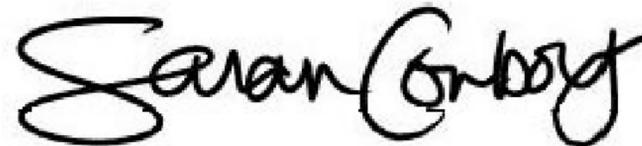
Discussed the following:

- Employee illness policy and logging requirements
- Reporting foodborne illness complaints to the health dept.
- Handwashing
- Glove-use and bare hand contact
- Proper food storage
- Date marking
- Vomit clean-up procedures
- Restrictions concerning serving a highly susceptible population

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**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 F8041251123 from 9/16/2025**



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Marc Fritz  
Culinary Services Director

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



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

## Temperature Observations/Recordings

Page: 1

### Establishment Info

NEW PERSPECTIVE CARLSON PARKWA  
Minnetonka  
County/Group: Hennepin County

### Inspection Info

Report Number: F8041251123  
Inspection Type: Full  
Date: 9/16/2025  
Time: 10:00 AM

**Food Temperature: Product/Item/Unit:** salisbury steak; **Temperature Process:** cooking

**Location:** grill at 183 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** prep cooler/cookline at 40 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** prep cooler/cookline at 41 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** walk-in cooler at 38 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** walk-in cooler at 37 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** hard boiled egg; **Temperature Process:** Cold-Holding

**Location:** 2 door cooler at 41 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** front service reach-in at 41 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Cajan chicken soup; **Temperature Process:** Hot-Holding

**Location:** soup well at 192 Degrees F.

Comment:

*Violation Issued?: No*



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St Paul, MN 55164

## Sanitizer Observations/Recordings

Page: 1

### Establishment Info

NEW PERSPECTIVE CARLSON PARKWA  
Minnetonka  
County/Group: Hennepin County

### Inspection Info

Report Number: F8041251123  
Inspection Type: Full  
Date: 9/16/2025  
Time: 10:00 AM

**Sanitizing Chemical:** Product: Quaternary Ammonia; **Sanitizing Process:** 3-Compartment Sink

**Location:** Kitchen **Equal To** 400 PPM

Comment:

*Violation Issued?: No*

**Sanitizing Chemical:** Product: Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

**Location:** Prep Area **Equal To** 200 PPM

Comment:

*Violation Issued?: No*

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

**Location:** Dishwashing Area **Equal To** 162 Degrees F.

Comment:

*Violation Issued?: No*