



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
June 18, 2026

Licensee
New Perspective Minnetonka
18605 Old Excelsior Boulevard
Minnetonka, MN 55345

RE: Project Number(s) SL24010017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 14, 2026, 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:

0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

REQUESTING A HEARING

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

To submit a hearing request, please visit:

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEpHV>**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: jess.schoenecker@state.mn.us

Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2026
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE MINNETONKA		STREET ADDRESS, CITY, STATE, ZIP CODE 18605 OLD EXCELSIOR BOULEVARD MINNETONKA, MN 55345			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL24010017-0 On May 11, 2026, through May 14, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were forty (40) residents receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2026
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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (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; (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; (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; (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; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480			

Minnesota Department of Health

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0 480	Continued From page 2 allowed provided the facility keeps them clean 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 12, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480			

Minnesota Department of Health

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0 480	Continued From page 3	0 480			
0 510 SS=F	TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. 144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control to include appropriate use of gloves and hand hygiene for one of one employee (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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).	0 510			

Minnesota Department of Health

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0 510	Continued From page 4 The findings include: On May 12, 2026, at 8:30 a.m., the surveyor observed ULP-B prepare morning medications for R2. ULP-B then entered R2's apartment, checked blood glucose level, and administered insulin. ULP-B returned to the medication cart to prepare medication for R5, then entered R5's apartment and administered oral medication without performing hand hygiene between two residents. ULP-B stated that she usually performed hand hygiene between residents, however she was nervous and forgot to wash hands. On May 13, 2026, at 12:30 p.m., clinical nurse supervisor (CNS)-D stated staff were trained on proper hand hygiene, and to wash hands in between resident cares. CNS-D stated that she would retrain staff. The licensee's Hand Washing policy revised October 15, 2024, indicated team members would wash hands between residents cares whenever direct physical contact with a resident took place. Hands would be washed: a. Before and after direct care of a resident; b. If moving from a contaminated body site to a clean body site during resident cares; c. After contact with surfaces or equipment in the immediate vicinity of the resident; d. Before applying and after removing personal protective equipment (PPE); e. Before eating or preparing food; f. After using a restroom; and g. When hands look dirty. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2)	0 510			

Minnesota Department of Health

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0 510	Continued From page 5 days	0 510			
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 assisted living contracts did not include language waiving the licensee's liability for health, safety, or personal property of a resident for two of two residents (R1, R2). This practice resulted in a level one violation (a violation that will cause only minimal impact on the residents 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 of the residents). The findings include: R1 R1 was admitted on March 13, 2025, and had diagnoses including Alzheimer's disease. R2 R2 was admitted on August 13, 2023, and had diagnoses including chronic kidney disease and	0 970			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2026
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0 970	Continued From page 6 diabetes. R1 and R2's Residency Agreements dated June 22, 2025, and December 8, 2025, respectively, included the following language: "Indemnification. 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." On May 14, 2026, at 2:07 p.m., the surveyor received an email from licensed assisted living director (LALD)-C stating, "This was the contract that was in place at the time of management change." LALD-C did not provide further information. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970			



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

New Perspective Minnetonka
18605 OLD EXCELSIOR BLVD

Minnetonka, MN 55345

Hennepin County

Parcel:

Phone:

License Info

License: HFID 24010

Risk:

License:

Expires on:

CFPM: Chantal Alvarado Herrera

CFPM #: 62832; Exp: 11/13/2028

Inspection Info

Report Number: F8041261070

Inspection Type: Full - Single

Date: 5/12/2026 Time: 11:00 AM

Duration: minutes

Announced Inspection:

Total Priority 1 Orders: 2

Total Priority 2 Orders: 0

Total Priority 3 Orders: 2

Delivery: Emailed

Previous 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: 6/12/26 (REPEAT): MOLD ON WALL WHERE THE DIRTY SIDE OF THE DISH TABLE IS SEALED. CLEAN THIS AREA AND RE-SEAL.

Comply By: 7/1/2025 Originally Issued On: 6/24/2025

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) Priority Level: Priority 1 CFP#: 15

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

COMMENT: OBSERVED TRAY OF RAW BURGER PATTIES ABOVE READY-TO-EAT FOODS IN THE WALK-IN COOLER. CORRECTED ON SITE. RAW BURGERS WERE MOVED TO THE BOTTOM OF THE SPEED RACK IN THE WALK-IN COOLER.

Comply By: 5/12/2026 Originally Issued On: 5/12/2026

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

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

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

COMMENT: COLD TCS FOODS ARE BEING STORED IN CONTAINERS ON ICE DURING SERVICE UNTIL THE PREP COOLER IS REPLACED. TCS FOODS MUST BE STORED USING MECHANICAL REFRIGERATION. DISCARD ANY LEFTOVER TCS FOODS HELD ON ICE DURING SERVICE.

Comply By: 5/12/2026 Originally Issued On: 5/12/2026

New Order: 4-500 Equipment Maintenance and Operation

4-501.11AB Priority Level: Priority 3 CFP#: 47

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

COMMENT: 1. PREP COOLER IN THE KITCHEN IS OUT OF ORDER. COOLER WAS NOT IN USE AT TIME OF INSPECTION. REPAIR/REPLACE. 2. ICE CREAM COOLER IS OUT OF ORDER. 3. THE GASKET ON THE TRAUSSON/UPRIGHT COOLER IN THE KITCHEN IS HANGING FROM DOOR.

Comply By: 5/11/2026 Originally Issued On: 5/12/2026

Food & Beverage General Comment

Inspection was completed with Culinary Services Director, Chantal Alvarado. Safia Hassan was the Health Regulation Division Nurse Evaluator.

This establishment has a commercial kitchen on the main floor and a serving kitchen in memory care. There is also a bistro area near the entry that has coffee and water available for residents/guests.

The dish machine in memory care is not being used. All equipment and utensils are brought to the main kitchen to be cleaned and sanitized.

Discussed the following:

- Employee illness policy and logging requirements
- Handwashing
- Glove-use and bare hand contact
- Proper food storage
- Date marking
- Vomit clean-up procedures
- Restrictions concerning serving a highly susceptible population

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 F8041261070 from 5/12/2026

Chantal Alvarado
Culinary Services Director



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 Minnetonka
Minnetonka
County/Group: Hennepin County

Inspection Info

Report Number: F8041261070
Inspection Type: Full
Date: 5/12/2026
Time: 11:00 AM

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

Location: upright cooler at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: walk-in cooler at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: walk-in cooler at 40 Degrees F.

Comment:

Violation Issued?: No

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

Location: Memory Care reach-in cooler at 36 Degrees F.

Comment:

Violation Issued?: No

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

Location: Memory care upright cooler at 41 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** vegetable barley soup; **Temperature Process:** Hot-Holding

Location: memory care steam table at 179 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** grilled cheese; **Temperature Process:** Hot-Holding

Location: memory care steam table at 148 Degrees F.

Comment:

Violation Issued?: No



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

Sanitizer Observations/Recordings

Page: 1

Establishment Info

New Perspective Minnetonka
Minnetonka
County/Group: Hennepin County

Inspection Info

Report Number: F8041261070
Inspection Type: Full
Date: 5/12/2026
Time: 11:00 AM

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

Location: Kitchen **Equal To** 400 PPM

Comment:

Violation Issued?: No

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

Location: Kitchen **Greater Than** 160 Degrees F.

Comment:

Violation Issued?: No

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

Location: Prep Area **Equal To** 400 PPM

Comment:

Violation Issued?: No