Electronically Delivered

August 5, 2025

Licensee
Cornerstone Assisted Living
3750 Lawndale Lane North
Plymouth, MN 55446

RE: Project Number(s) SL30301016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 4, 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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

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

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

If you have any questions, please contact me.

Sincerely,

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

AH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30301	A. BUILDING: _____ B. WING _____	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE ASSISTED LIVING	3750 LAWNDALE LANE NORTH PLYMOUTH, MN 55446

(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: SL30301016-0 On June 2, 2025, through June 4, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 65 residents; 61 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.	
0 650 SS=F	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of	0 650		

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0 650	Continued From page 1 each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for four of four employees (certified nursing assistant (CNA)-C, CNA-E, unlicensed personnel (ULP)-H, ULP-I). 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	0 650		

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0 650	Continued From page 2 affect a large number or all the residents). The findings include: CNA-C CNA-C was hired on January 30, 2018, under the licensee's former comprehensive license and began providing assisted living services on August 1, 2021. CNA-C's record lacked documentation of annual performance reviews for 2023 and 2024, that identified areas of improvement needed and training needs. CNA-E CNA-E was hired on February 15, 2023, and began providing assisted living services. CNA-E's employee record lacked documentation of annual performance review for 2024, that identified areas of improvement and training needs. ULP-H ULP-H was hired on August 17, 2022, and began providing assisted living services. ULP-H's employee record lacked documentation of annual performance reviews for 2023 and 2024, identifying areas of improvement and training needed. ULP-I ULP-I was hired on October 4, 2023, and began providing assisted living services. ULP-I's employee record lacked documentation of annual performance review for 2024, identifying areas of improvement and training	0 650		

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0 650	Continued From page 3 needed. On June 4, 2025, at 11:41 a.m., licensed assisted living director (LALD)-A stated the performance reviews were not in the employee files. LALD-A stated they were unsure why the performance reviews were not in the employee files. The licensee's Content of Employee Records - AL policy reviewed March 10, 2025, indicted employee records would include documentation of annual performance reviews which identify areas of improvement needed and training needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (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. (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	01620		

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01620	Continued From page 4 calendar days from the date of the last review. (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing client monitoring and reassessment, not to exceed 90 days for four of five residents (R3, R4, R6, R7). 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). The findings include: R3 R3 was admitted August 12, 2024, and began receiving assisted living services. R3's Resident Service Agreement signed on January 17, 2025, indicated R3's services included diabetic management, medication administration, and blood glucose monitoring. R3's record included consecutive nursing assessments dated February 18, 2025, and May	01620		

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01620	Continued From page 5 20, 2025, indicating 91 days had passed between assessments. R4 R4 was admitted on April 1, 2017, under the licensee's former comprehensive license and began receiving assisted living services on August 1, 2021. R4's Resident Service Agreement signed on January 16, 2025, indicated R4's services included medication administration, assistance with transfers, and hospice coordination. R4's record included consecutive nursing assessments dated October 15, 2024, and January 14, 2025, indicating 91 days had passed between assessments. R6 R6 was admitted on November 6, 2023, and began receiving assisted living services. R6's Resident Service Agreement signed December 3, 2024, indicated R6's services included assistance with dressing and grooming, medication administration, and behavior management. R6's record included consecutive nursing assessments dated January 22, 2025, and April 25, 2025, indicating 93 days had passed between assessments. R7 R7 was admitted on April 11, 2024, and began receiving assisted living services. R7's Resident Service Agreement signed January 10, 2025, indicated R7's services included	01620		

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01620	Continued From page 6 assistance with dressing, grooming, and showering, medication administration, and reassurance checks. R7's record included consecutive nursing assessments dated October 9, 2024, and January 10, 2025, indicating 93 days had passed between assessments. On June 4, 2025, at 1:16 p.m., clinical nurse supervisor (CNS)-B stated they were unaware the assessments had exceeded the 90-day timeframe. The licensee's Initial and Ongoing Assessment - Observation of Client policy reviewed on February 7, 2025, indicated assessments and reviews would not exceed 90 days from the date of the last assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		

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

Establishment Info

Cornerstone Assisted Living
3750 Lawndale Lane North
Plymouth, MN 55446
Hennepin County
Parcel:

Phone:

License Info

License: HFID 30301

Risk:
License:
Expires on:
CFPM: KEITH D. SIMMONS
CFPM #: FM72977; Exp: 08/28/2025

Inspection Info

Report Number: F8087251028
Inspection Type: Full - Single
Date: 6/3/2025 Time: 2:00 PM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

THIS WAS AN UNANNOUNCED AND UNSCHEDULED FULL INSPECTION.

INSPECTION DONE WITH KITCHEN MANAGER KEITH D. SIMMONS AND NURSE SURVEYOR MICHELLE WINTERS.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING
NOROVIRUS
BARE HAND CONTACT WITH READY TO EAT FOODS
EMPLOYEE ILLNESS
EMPLOYEE EXCLUSION
COOLING METHODS
REHEATING METHODS
SANITIZER CONCENTRATION
DATE MARKING
ALL ITEMS ON THIS REPORT
ALL ITEMS ON PREVIOUS REPORT

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO ESTABLISHMENT AND TO NURSE SURVEYOR MICHELLE WINTERS.

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 F8087251028 from 6/3/2025

John Boettcher

KEITH D. SIMMONS
KITCHEN MANAGER

John Boettcher,
Public Health Sanitarian 3
651-201-5076
john.boettcher@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Cornerstone Assisted Living
Plymouth
County/Group: Hennepin County

Inspection Info

Report Number: F8087251028
Inspection Type: Full
Date: 6/3/2025
Time: 2:00 PM

Equipment Temperature: Product/Item/Unit: AMBIENT AIR**; Temperature Process:** Abient Air
Location: Walk-in Cooler at 38 Degrees F.
Comment: MAIN KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: DELI MEAT**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 35 Degrees F.
Comment: MAIN KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: DELI MEAT**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 36 Degrees F.
Comment: MAIN KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 38 Degrees F.
Comment: MAIN KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: BEEF**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 34 Degrees F.
Comment: MAIN KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: GROUND BEEF**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 35 Degrees F.
Comment: MAIN KITCHEN
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR**; Temperature Process:** Abient Air
Location: Walk-in Freezer at 1 Degrees F.
Comment: MAIN KITCHEN
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR**; Temperature Process:** Abient Air
Location: Upright Cooler at 39 Degrees F.
Comment: SERVICE KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: SOUR CREAM**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 38 Degrees F.
Comment: SERVICE KITCHEN
Violation Issued?: No

<u>Equipment Temperature</u>: Product/Item/Unit: AMBIENT AIR**; Temperature Process:** Abient Air
Location: Reach-in Undercounter Freezer at 4 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

Establishment Info

Cornerstone Assisted Living
Plymouth
County/Group: Hennepin County

Inspection Info

Report Number: F8087251028
Inspection Type: Full
Date: 6/3/2025
Time: 2:00 PM

Sanitizing Chemical: Product: Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: Prep **Equal To** 400 PPM
Comment:
Violation Issued?: No