



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

Electronically Delivered

July 21, 2023

Licensee

Cornerstone Assisted Living  
3750 Lawndale Lane North  
Plymouth, MN 55446

RE: Project Number(s) SL30301015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 11, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

#### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. The 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 and enforcement actions 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

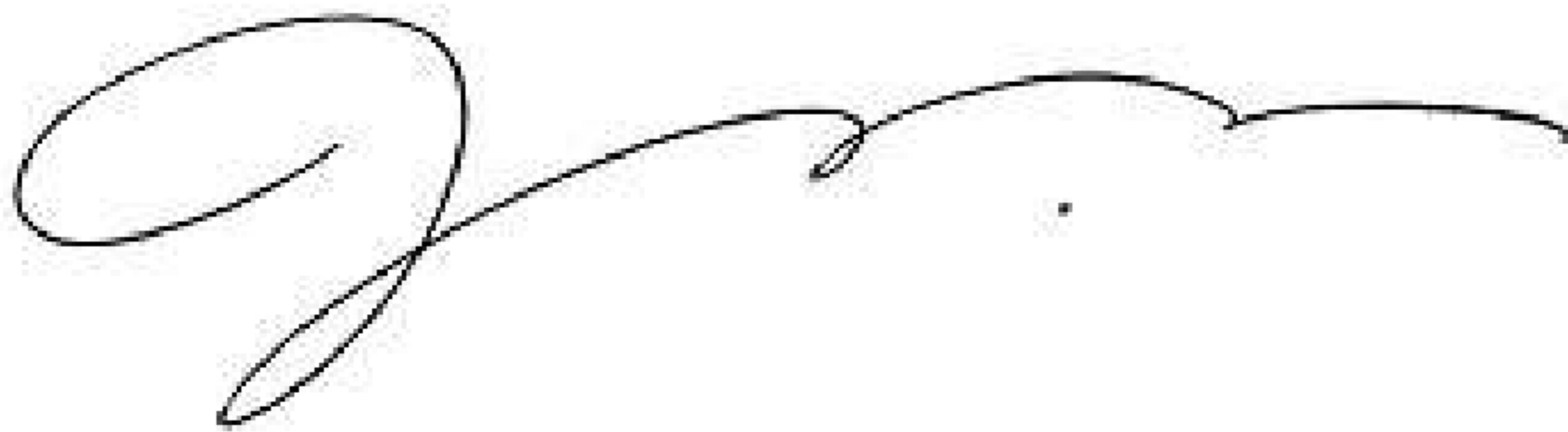
Please address your cover letter for reconsideration requests to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

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](mailto:jess.schoenecker@state.mn.us)  
Telephone: 651-201-3789 Fax: 651-281-9796

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30301</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/11/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CORNERSTONE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3750 LAWDALE LANE NORTH PLYMOUTH, MN 55446</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(S)</b></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><b>INITIAL COMMENTS:</b> SL30301015</p> <p>On July 10, 2023, through July 11, 2023, 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 sixty-three active residents receiving services under the 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 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><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></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>	
0 800 SS=F	<p><b>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</b></p> <p><b>(4) keep the physical environment, including</b></p>	0 800		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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0 800	<p>Continued From page 1</p> <p>walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. 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) 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>On a facility tour on July 13, 2023, at approximately 10:30 a.m. with licensed assisted living director (LALD)-C and maintenance director (MD)-E it was observed that laundry room fire resistant rated door 2-N does not close and positively latch. Fire resistant rated doors are required to close and positively latch as designed and installed at the time of construction approval.</p> <p>Stains and evidence of a leak were observed at the base of the toilet in the bathroom of resident room 4. Toilets are required to be maintained and</p>	0 800		
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0 800	<p>Continued From page 2</p> <p>free of leaks as installed at the time of construction approval.</p> <p>The documentation available for maintenance of the onsite generator indicated service by a contractor twice per year. The onsite generator is used as part of the emergency preparedness plan by the facility and is required to be inspected weekly and run on load monthly in addition to the annual service.</p> <p>These deficient conditions were visually verified by LALD-C and MD-E accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> <li>(1) location and number of resident sleeping rooms;</li> <li>(2) employee actions to be taken in the event of a fire or similar emergency;</li> <li>(3) fire protection procedures necessary for residents; and</li> <li>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</li> </ul> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be</p>	0 810		

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0 810	<p>Continued From page 3</p> <p>readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to maintain the facility's fire safety and evacuation plan with required elements. 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) 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 of available documentation and interview were conducted on July 13, 2023, at approximately 10:30 a.m. of documents provided by licensed assisted living director (LALD)-C and maintenance director (MD)-E on the fire safety and evacuation plan, fire safety and evacuation</p>	0 810		
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0 810	<p>Continued From page 4</p> <p>training, and evacuation drills for the facility.</p> <p>Record review of the available documentation indicated that employees received training but not in the required sequence. Employee training is required upon initial hire and twice per year thereafter on the facility fire safety and evacuation plan. Employee training is required to be documented separately from drills.</p> <p>All deficiencies were verified by LALD-C and MD-E during the interview at approximately 11:30 a.m.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 810		
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 licensee failed to provide a hazard vulnerability assessment or safety risk assessment of the physical environment on and around the property.</p>	02040		

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02040	<p>Continued From page 5</p> <p>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) 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 of available documentation and interview were conducted July 13, 2023, at approximately 10:30 a.m. with licensed assisted living director (LALD)-C and maintenance director (MD)-E on the hazard vulnerability assessment for the physical environment of the facility.</p> <p>Record review of the available documentation indicated that the licensee had performed a hazard vulnerability assessment on and around the property but did not include mitigation factors to the hazards listed.</p> <p>This deficient condition was verified by LALD-C and MD-E during the interview at approximately 11:45 a.m.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	02040		





Minnesota Department of Health  
 Food Pools & Lodging Services  
 P.O. Box 64975  
 St Paul, MN 55164-0975  
 651 201 4500

Type: Full  
 Date: 07/10/23  
 Time: 13:06:20  
 Report: 8058231146

# Food and Beverage Establishment Inspection Report

**Location:**

Cornerstone Assisted Living  
 3750 Lawndale Lane North  
 Plymouth, MN55446  
 Hennepin County, 27

**Establishment Info:**

ID #: 0038488  
 Risk:  
 Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 7635500333  
 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.

No NEW orders were issued during this inspection.

**Surface and Equipment Sanitizers**

Chlorine: = 100 PPM at --- Degrees Fahrenheit  
 Location: DISH MACHINE  
 Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: TOMATO  
 Temperature: 41 Degrees Fahrenheit - Location: COOLER  
 Violation Issued: No

Process/Item: CHEESE  
 Temperature: 40 Degrees Fahrenheit - Location: COOLER  
 Violation Issued: No

Process/Item: SLOPPY JOE  
 Temperature: 35 Degrees Fahrenheit - Location: WALK IN  
 Violation Issued: No

Process/Item: DELI MEAT  
 Temperature: 37 Degrees Fahrenheit - Location: WALK IN  
 Violation Issued: No

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

NO NEW ORDERS

Type: Full  
Date: 07/10/23  
Time: 13:06:20  
Report: 8058231146  
Cornerstone Assisted Living

# Food and Beverage Establishment Inspection Report

**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 8058231146 of 07/10/23.

Certified Food Protection Manager: KEITH SIMMONS

Certification Number: 72997 Expires: 08/28/25

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Establishment Representative

Signed:  \_\_\_\_\_

Inspector Number 8058  
Sanitarian 3  
MDH Metro Office  
651 201 4500  
health.foodlodging@state.mn.us