DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 17, 2025

Licensee
Better Living Residential Care
425 Jessamine Ave East
Saint Paul, MN 55101

RE: Project Number(s) SL36891016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 22, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted no 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.

The enclosed State Form documents no violations. MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

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,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36891	A. BUILDING: _____ B. WING _____	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER LIVING RESIDENTIAL CARE	425 JESSAMINE AVE E SAINT PAUL, MN 55101

(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 SL36891016-0 On October 20, 2025, through October 22, 2025, the Minnesota Department of Health conducted a survey at the above provider. At the time of the survey, there were two residents; two receiving services under the Assisted Living Facility license. As a result of the survey, the licensee was found to be in substantial compliance with Assisted Living statutes 144G.08 through 144G.95.	0 000		

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

Better Living Residential Care
425 Jessamine Ave E
St Paul, MN 55130
Ramsey County
Parcel:

Phone:

License Info

License: HFID 36891

Risk:
License:
Expires on:
CFPM: Zakeria S. Ahmed
CFPM #: 120132; Exp: 10/23/2026

Inspection Info

Report Number: F1021251193
Inspection Type: Full - Single
Date: 10/20/2025 Time: 2:04:58 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

All findings on this report were discussed with Manager in Training, Saeed Barre, LALD/RN, Faid Ali and Health Regulation Division Nurse Evaluator, Robyn Woolley.

This facility is a residential home, and they currently have 2 clients and the facility can accommodate up to 4 clients.

Food is for same-day service. Leftovers are discarded at the end of service.

The kitchen has residential equipment, laminate countertops, wood cabinets, textured ceiling, vinyl flooring and painted drywall. Physical facility items will be monitored during future inspections.

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 F1021251193 from 10/20/2025

Melissa Ramos

Saeed Barre
Manager in Training

Melissa Ramos,
Public Health Sanitarian 3
651-201-4495
melissa.ramos@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

Better Living Residential Care
St Paul
County/Group: Ramsey County

Inspection Info

Report Number: F1021251193
Inspection Type: Full
Date: 10/20/2025
Time: 2:04:58 PM

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Samsung Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Samsung Refrigerator **; Temperature Process:** Ambient Air
Location: Samsung Refrigerator at 38 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

Better Living Residential Care
St Paul
County/Group: Ramsey County

Inspection Info

Report Number: F1021251193
Inspection Type: Full
Date: 10/20/2025
Time: 2:04:58 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Residential Dish Machine
Location: Kitchen **Equal To** 160 Degrees F.
Comment: Staff provided the inspector with a photo of the thermolabel after running the residential dish machine.
Violation Issued?: No