Electronically Delivered

May 26, 2026

Licensee
Apex Care Alliance Corp
7321 Aldrich Avenue South
Richfield, MN 55423

RE: Project Number(s) SL35846016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 5, 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 . . ."

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,

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax:1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35846	A. BUILDING: _____ B. WING _____	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APEX CARE ALLIANCE CORP	7321 ALDRICH AVE S RICHFIELD, MN 55423

(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: SL35846016-0 On May 4, 2026, through May 5, 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 three residents: all of whom received services under the Assisted Living 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 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. 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 subd. 1, 2, and 3.	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following	0 680		

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0 680	Continued From page 1 requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents under the assisted living license. 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	0 680		

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0 680	Continued From page 2 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's EPP dated August 1, 2023, lacked evidence of the following required contents: - procedures for tracking staff and patients; and - subsistence needs for staff and residents. On May 5, 2026, at 9:58 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they were not aware the EPP was missing the above listed items. The licensee's Emergency Preparedness Policy dated August 1, 2023, indicated the licensee will have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services. Minnesota Administrative Rule 4659.0100 Emergency Disaster and Preparedness Plan dated August 11, 2021, indicated assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. The code references documents, specifications, methods, and standards in the State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		

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01820	Continued From page 3	01820		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain signed medication orders for one of two residents (R1). 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). The findings include: R1 was admitted to the licensee on November 22, 2023, with diagnoses including end stage renal disease, asthma, depression, dialysis, hyperthyroidism, and hypertension. R1's Service Plan signed and dated November 1, 2025, indicated R1 received services for bathing reminders, bedmaking, dressing, grooming, housekeeping, laundry, manage behavior, manage symptoms, meal assistance, medication administration, and record vital signs. R1's unsigned After Visit Summary dated April 17, 2026, indicated the following new orders were	01820		

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01820	Continued From page 4 prescribed: - omeprazole 40 milligram (mg), take 1 capsule (cap) 40mg twice daily for eight weeks, followed by 20mg once daily for 4 weeks; and - triphrocaps 1mg cap, take 1 cap by mouth each evening. R1's Medication Administration Summary- Month for the month of May 2026, indicated R1 had taken the following prescribed medication: - omeprazole 40 mg, take 1 cap 40mg twice daily for eight weeks, followed by 20mg once daily for 4 weeks; and - triphrocaps 1mg, give 1 tab daily. On May 5, 2026, at 10:21a.m., via email correspondence, licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-C provided a pharmacy Transfer Out Report they obtained during the survey for the following medication for R1: - triphrocaps 1mg capsule, take 1 capsule by mouth each evening. The document did not include an order for omeprazole, and the document lacked the ordering physician's handwritten or electronic signature. On May 5, 2026, at 11:56 a.m., LALD/CNS-C stated the AVSs usually said electronically signed, and they did not know why R1's AVS was not signed. The licensee's Prescription of Medication policy dated August 1, 2023, read; "Policy Statement: [the licensee's name] will administer medications as prescribed by the authorized prescriber and in accordance with all the rights defined in the Home Care Bill of Rights and in the Health Insurance Portability and Accountability Act.	01820		

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01820	Continued From page 5 Procedure: 1. [the licensee's name] will maintain a current written or electronically recorded prescription for all prescribed medications managed for the resident. 2. The RN or licensed health professional will obtain provider orders or prescriptions for all medications, treatments and therapies. The order will include the following elements: a. Resident information b. Details & description of the medications, treatment or therapy to be provided c. Frequency, dose, times, route d. Other pertinent and relevant information 3. Medication orders will be renewed at least every 12 months or as required by the physician, the RN assessment and/or regulation. 4. Verbal prescription orders from an authorized prescriber will be received by a nurse or pharmacist. a. The pharmacist, LPN or RN acting on behalf of the prescriber may communicate to the pharmacy provider a prescription drug order by a practitioner authorized to prescribe drugs or devices b. The prescription drug orders will be transmitted via facsimile or a secure electronic format to the pharmacy c. Schedule II controlled substances require an original written prescription drug order manually signed by the authorized practitioner except in an emergency i. Immediate administration of the controlled substance is necessary for the proper treatment of the intended user ii. No appropriate alternative treatment is available iii. It is not reasonably possible for the prescribing practitioner to provide a written prescription drug order to the pharmacy	01820		

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01820	Continued From page 6 5. When a written or electronic prescription is received, it must be communicated to the registered nurse in charge and recorded or placed into the resident's clinical record. 6. All prescriptions and orders received by [the licensee's name] either verbally, in writing or electronically will be kept confidential. 7. When staff become aware of any medications or dietary supplements being used by a resident that are not included in the assessment, the information will be documented, and the RN will be notified. [the licensee's name] has determined not to require a prescription for over-the- counter medications and dietary supplements. These medications will be included on the Medication Profile annually renewed by the physician". The licensee's policy did not include a statement for maintaining signed medication orders for all prescribed medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		

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

APEX CARE ALLIANCE
7321 Aldrich Ave S
Richfield, MN 55423
Hennepin County
Parcel:

Phone:

License Info

License: HFID 35846

Risk:
License:
Expires on:
CFPM: Mahamed A. Salah
CFPM #: FM107606; Exp: 07/15/2027

Inspection Info

Report Number: F1005261129
Inspection Type: Full - Single
Date: 5/5/2026 Time: 10:00 AM
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

INSPECTION COMPLETED WITH OPERATOR AND REVIEWED WITH HRD NURSING EVALUATOR DEE MOSISSA.

DISCUSSED DATE MARKING, GLOVE USE, COOKING TEMPERATURES, CROSS-CONTAMINATION, AND EMPLOYEE ILLNESS.

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE.

THERMOLABELS WERE ON SITE, AND DISHWASHER IS TESTED EVERY FEW DAYS. ESTABLISHMENT KEEPS A LOG, WHICH SHOWED THE LAST TEST WAS ON 5/4/26 AND THE DISHWASHER PROVIDED A UTENSIL SURFACE TEMPERATURE OF AT LEAST 160 DEGREES F.

FLOORING IS LAMINATE AND CABINETS ARE WOOD WITH HOLLOW BASE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

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 F1005261129 from 5/5/2026

MAHAMED SALAH
OPERATOR

Jessica Davis, REHS
Public Health Sanitarian 3
651-201-3961
jessica.davis@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

APEX CARE ALLIANCE
Richfield
County/Group: Hennepin County

Inspection Info

Report Number: F1005261129
Inspection Type: Full
Date: 5/5/2026
Time: 10:00 AM

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: WHIRLPOOL REFRIGERATOR at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MACARONI SALAD**; Temperature Process:** Cold-Holding
Location: WHIRLPOOL REFRIGERATOR at 36 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

APEX CARE ALLIANCE
Richfield
County/Group: Hennepin County

Inspection Info

Report Number: F1005261129
Inspection Type: Full
Date: 5/5/2026
Time: 10:00 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** DISHWASHER
Location: **Equal To** 160 Degrees F.
Comment: AT LEAST 160 DEGREES F PER THERMOLABEL
Violation Issued?: No