



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 10, 2026

Licensee
Atlas Villas Memory Care
1825 Main Street
Centerville, MN 55038

RE: Project Number(s) SL39714016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 26, 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.

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:

St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - \$1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. 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.

INFORMAL CONFERENCE

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Atlas Villas Memory Care. **Please contact Kelly Thorson at 320-223-7336 on or before June 15, 2026 to schedule the conference call.**

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,



Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39714	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER ATLAS VILLAS MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 MAIN STREET CENTERVILLE, MN 55038		
(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: SL39714016-0 On March 23, 2026, through March 26, 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 12 residents; 12 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.		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 470	Continued From page 1 determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to review their staffing plan two times annually to determine if staffing levels met the needs of all residents. 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	0 470			

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0 470	Continued From page 2 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: The licensee held an assisted living facility license and was licensed for a capacity of 20 residents with a current census of 12 residents. The licensee's Facility Staffing Plan dated January 2026, was developed by clinical nurse supervisor (CNS)-E who was no longer employed by the licensee. On March 24, 2026, at 10:30 a.m., LALD-A stated she only has one staffing plan review from 2025 and did not realize it needed to be evaluated twice annually. The licensee's 4.06 Staffing and Scheduling policy dated June 1, 2022, indicated, the clinical nurse supervisor will develop and implement a written staffing plan that provides an adequate number of qualified direct-care staff to meet the residents' needs 24-hours a day, seven-days a week. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 470			
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the	0 480			

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0 480	Continued From page 3 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 allowed provided the facility keeps them clean and in good condition;	0 480			

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0 480	Continued From page 4 (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, March 23, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480			

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0 500 SS=F	144G.41 Subd. 2 Policies and procedures Each assisted living facility must have policies and procedures in place to address the following and keep them current: (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults; (2) conducting and handling background studies on employees; (3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; (4) handling complaints regarding staff or services provided by staff; (5) conducting initial evaluations of residents' needs and the providers' ability to provide those services; (6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (7) orientation to and implementation of the assisted living bill of rights; (8) infection control practices; (9) reminders for medications, treatments, or exercises, if provided; (10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; (11) ensuring that nurses and licensed health professionals have current and valid licenses to practice; (12) medication and treatment management; (13) delegation of tasks by registered nurses or licensed health professionals;	0 500			

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0 500	Continued From page 6 (14) supervision of registered nurses and licensed health professionals; and (15) supervision of unlicensed personnel performing delegated tasks. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement current policies and procedures as required. 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: During the entrance conference on March 23, 2026, at 10:00 a.m., licensed assisted living director/owner (LALD/O)-A stated the licensee's employees in charge of the facility were familiar with the assisted living regulations and the licensee provided medication and treatment management services. The licensee's Application for Assisted Living License, section titled Official Verification of Owner or Authorized Agent, (page five and six of the application), identified, I certify I have read and understand the following: [an affirmative check mark was placed before each of the following]: - I have read and fully understand Minn.	0 500			

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0 500	Continued From page 7 [Minnesota] Stat. [statute] sect. [section] 144G.45, my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17. - I have read and fully understand Minn. Stat. sect. 144G.80, 144G.81. and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22, my building(s) must comply with these sections if applicable. - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G. - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659. - Reporting of Maltreatment of Vulnerable Adults. - Electronic Monitoring in Certain Facilities. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health	0 500			

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0 500	Continued From page 8 protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices. - I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license. - I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. - I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable.	0 500			

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0 500	Continued From page 9 Page 6 was electronically signed by licensed assisted living director/owner (LALD/O)-A on February 7, 2026. The licensee had an assisted living license issued on February 28, 2026, with an expiration date of February 27, 2027. The licensee failed to ensure the following required policies and procedures were developed and/or implemented: - requirements in section 626.557, reporting of maltreatment of vulnerable adults; - orientation, training, and competency evaluations of staff; - conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; - orientation to and implementation of the assisted living Bill of Rights; - Conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; - medication and treatment management; and - supervision of unlicensed personnel performing delegated tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 500			

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0 580	Continued From page 10	0 580			
0 580 SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and maintain a quality management program appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all current residents, staff, and visitors. 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). The findings include: On March 23, 2026, at 10:15 a.m., during the entrance conference, licensed assisted living	0 580			

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0 580	Continued From page 11 director/owner (LALD/O)-A stated they have monthly staff meetings with all the staff and should have the meeting minutes documented from these meetings, but they are planning on starting a quarterly quality management meeting for the management staff only. On March 25, 2026, at 11:00 a.m., LALD/O-A stated they are unable to find any of the staff meeting minutes as the previous nurse that is no longer employed with the licensee may have deleted them. The licensee's 2.31 Quality Management Project policy dated June 1, 2022, indicated the licensee will have at least one documented quality management project in place at all times, and retain records of such projects for at least two years. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 580			
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes	0 630			

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NAME OF PROVIDER OR SUPPLIER ATLAS VILLAS MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 MAIN STREET CENTERVILLE, MN 55038		
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0 630	Continued From page 12 self-abuse. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individual abuse prevention plan (IAPP) with the required content for three of three residents (R1, R2 and R4). 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: R1 On March 24, 2026, at 9:00 a.m., the surveyor observed unlicensed personnel (ULP-D) administer medications to R1. R1 was admitted to the licensee on September 15, 2025, with diagnoses that included dementia, transient cerebral ischemic attack (mini stroke) and chronic atrial fibrillation (persistent, rapid, irregular heartbeat). R2 On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2 with dressing, toileting, and grooming. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia,	0 630			

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0 630	Continued From page 13 essential hypertension, depression and migraine. R4 R4 was admitted to the licensee on March 6, 2025, with diagnoses that included dementia, osteoarthritis (degenerative joint disease caused by cartilage breakdown), essential hypertension and diverticulitis (bulging pouches in the colon that become inflamed or infected). R1, R2, and R3's resident records lacked individualized abuse prevention plans. On March 25, 2026, at 11:00 a.m., licensed assisted living director/owner (LALD/O)-A stated she is unable to find any IAPP's for any of the residents, these were either never completed or were deleted by the previous nurse that no longer works for the licensee. The licensee's 6.05 Individual Abuse Prevention Plan policy dated June 1, 2022, indicated the licensee will develop and implement an individual abuse prevention plan for each vulnerable adult. All residents in an assisted living are categorically considered vulnerable adults. The plan will contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including: - other vulnerable adults; - the person's risk of abusing other vulnerable adults; and - statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			

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0 650 SS=E	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (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 one of one employee (unlicensed personnel (ULP)-C). 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 pattern scope (when more than a	0 650			

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0 650	Continued From page 15 limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: ULP-C began providing assisted living services on May 18, 2023. ULP-C's employee record lacked evidence of the following required content: - documentation of annual performance reviews that identify areas of improvement needed and training needs. On March 24, 2026, at 11:10 a.m., licensed assisted living director (LALD)-A stated clinical nurse supervisor (CNS)-E, who was no longer employed by the licensee, deleted records that were stored on the computer and so they are missing several annual performance reviews for employees that have been with them for more than a year. The licensee's 4.35 Employee Evaluation policy dated June 1, 2022, indicated all staff of licensee will be given an employee evaluation at least annually. The evaluation form is to be signed by the supervisor and the employee. The original signed form is placed in the employee's personnel file and a copy of the completed and signed form will be given to the employee. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650			

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0 660	Continued From page 16	0 660			
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) 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 maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a TB facility risk assessment, TB health history symptom screen for one of two employees (ULP)-D), and a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test for one of two employees (ULP-D). 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	0 660			

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0 660	Continued From page 17 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: The licensee's Facility TB Risk Assessment Worksheet dated March 23, 2026, created after Initiation of the survey and not on the form provided by MDH, indicated the licensee TB risk level was low. ULP-D ULP-D was hired on January 28, 2026, and began providing assisted living services. ULP-D employee record lacked a TB symptom screen and a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test. On March 24, 2026, at 9:00 a.m., the surveyor observed ULP-D administer medications to R1. On March 24, 2026, at 11:10 a.m., licensed assisted living director/owner (LALD/O)-A stated the prior nurse that is no longer employed with them wiped out a lot of records that were stored on the computer, one of the records was the TB risk assessment and so they created one yesterday when they realized it was missing but did not know where the correct form was at to use. LALD/O-A stated the TB symptom screen and blood test results for ULP-D were also wiped off the computer and this would also be the case for several other employees. The CDC's document titled Baseline Tuberculosis Screening and Testing for Health Care Personnel dated December 19, 2023, recommended all	0 660			

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0 660	Continued From page 18 health care personnel should be screened for TB upon hire and the TB screening process included: - a baseline individual TB risk assessment; - TB symptom evaluation; - a TB test which could include TB blood test or TB skin test; and - additional evaluation for TB disease as needed. The Minnesota Department of Health (MDH) Resources and Frequently Asked Questions (FAQs) dated March 9, 2026, indicated each provider licensed by MDH is required to complete a TB risk assessment annually. The licensee's 8.16 Tuberculosis Screening policy dated June 1, 2022, indicated the licensee will establish and maintain a comprehensive tuberculosis infection control program according to the most current guidelines issued by the United States CDC, Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report (MMWR). The facility will maintain a current community TB risk assessment. The assessment will be updated annually, using the data and the form provided by the MDH. Screening will be conducted as follows: - New staff will be screened for active signs of TB using the Baseline TB Screening Tool for HCWs . - New staff will have an IGRA blood test or a two-step Mantoux conducted with results documented on the Baseline TB Screening Tool for HCWs. - No staff will be permitted to begin work where the work involves sharing the air space with residents until the negative results of the first Mantoux are read and documented or a negative IGRA blood test result is received and documented. No further information was provided.	0 660			

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0 660	Continued From page 19	0 660			
0 680 SS=F	TIME PERIOD FOR CORRECTION: Twenty-one (21) days 144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following 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 develop an all-hazards risk assessment emergency preparedness program and plan to include Appendix Z required	0 680			

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0 680	Continued From page 20 elements. This had the potential to affect all residents, staff, and visitors. 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 the residents). The findings include: The licensee's undated emergency preparedness plan (EPP), lacked the required content: - maintained annual updates; - a quarterly review of missing resident policy; - communication plan that included contact information for all staff; - primary /alternate means for communication; - exercises to test the EPP at least twice per year, including unannounced drills using the EPP. On March 23, 2026, at 2:30 p.m., maintenance/owner (M/O)-B stated he agreed some of the required components of the EPP are missing. M/O-B stated he thought the missing person policy had to be updated twice a year, not quarterly, and he did not have any documentation of any EPP drills. The licensee's 9.01 Emergency Preparedness Plan -Appendix Z Compliance policy dated June 1, 2022, indicated the licensee's emergency preparedness plan will include all required elements of appendix Z. The plan will be in writing and reviewed annually. The licensee will conduct at minimum, two emergency	0 680			

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0 680	Continued From page 21 preparedness drills every 12 months- these drills do not include required fire/evacuation drills. The licensee's 2.28 Missing Resident policy dated June 1, 2022, indicated the licensee will review this policy and any individual resident plans that pertain to elopement at least quarterly, and all changes will be documented. Per Assisted Living Facilities: Minnesota Rules Chapter 4659, 4659.0110, Subp. 4. Review missing resident plan. The assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;	0 730			

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0 730	Continued From page 22 (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on onservation, interview, and record review, the licensee failed to ensure the resident record included all required content including documentation of current and previous assessments of three of three residents (R1, R2 and R4) and documentation of incidents involving the resident and actions taken in response to the	0 730			

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0 730	Continued From page 23 needs of the resident, including reporting to the appropriate supervisor or health care professional for one of one resident (R4). 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 the potential to affect a large portion or all of the residents). The findings include: R1 On March 24, 2026, at 9:00 a.m., the surveyor observed unlicensed personnel (ULP-D) administer medications to R1. R1 was admitted to the licensee on September 15, 2025, with diagnoses that included dementia, transient cerebral ischemic attack (mini stroke) and chronic atrial fibrillation (persistent, rapid, irregular heartbeat). R1's signed service plan dated September 15, 2025, indicated R1 received services to include assistance with toileting, ambulation, activity reminders, bed making, dining assistance, dressing, grooming, housekeeping. medication administration, nail care, oral care, orientation, Thrombo-Embolic Deterrent hose (TED), transfer assistance, trash removal, vision aid reminders, vital signs, safety checks, laundry, skin monitoring and bathing. R2 On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2	0 730			

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0 730	Continued From page 24 with dressing, toileting, and grooming. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia, essential hypertension, depression and migraine. R2's signed service plan dated November 24, 2025, indicated R2 received services to include assistance with toileting, ambulation, activity reminders, bathing, bed making, bed mobility, care coordination with outside provider, dining assistance, dressing, grooming, housekeeping. medication administration, laundry, nail care, oral care, transfer assistance, trash removal, skin monitoring, vision aid reminders, assistive device cleaning, vital signs and safety checks. R1 and R2's resident records lacked current and previous assessments. R4 R4 was admitted to the licensee on March 6, 2025, with diagnoses that included dementia, osteoarthritis (degenerative joint disease caused by cartilage breakdown), essential hypertension and diverticulitis (bulging pouches in the colon that become inflamed or infected). R4's signed service plan dated March 5, 2025, indicated R4 received services to include activity reminders, ambulation, bathing, bed making, dressing, grooming, housekeeping, Laundry, medication administration, nail care, skin monitoring, toileting, transfers, vital signs, safety checks, trash removal, oral care and assistive device cleaning. R4's progress notes dated March 8, 2026, indicated R4 had an unwitnessed fall and the on-call triage nurse was notified. R4's progress	0 730			

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0 730	Continued From page 25 notes dated March 22, 2026, indicated R4 had a witnessed fall. R4's resident record lacked current and previous assessments and documentation of incidents involving the resident and actions taken in response to the needs of the resident. On March 25, 2026, at 11:50 a.m., licensed assisted living director/owner (LALD/O)-A stated the assessments for all residents are not being completed in the required time frames or at all and this would be the same for all of the residents of the facility, this was a concern about the previous nurse and what led to her resignation. On March 26, 2026, at 9:00 a.m., LALD/O-A stated she agreed the fall incident reports and notification to the clinical nurse supervisor was missing from R4's record and the nurse should have completed this. The licensee's 2.38 Resident Record-Information and Content policy dated June 1, 2022 indicated resident records must include: - The facility's current and previous assessments and service plans; and - Documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730			

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NAME OF PROVIDER OR SUPPLIER ATLAS VILLAS MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1825 MAIN STREET CENTERVILLE, MN 55038			
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0 775	Continued From page 26	0 775			
0 775 SS=E	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 23, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 775			
0 810 SS=I	144G.45 Subd. 2 (b-f) Fire protection and physical environment	0 810			

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0 810	Continued From page 27 (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (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. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (f) Evacuation drills are required for staff 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. This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to ensure the physical environment of the facility was	0 810			

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0 810	Continued From page 28 maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 23, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01440 SS=E	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff	01440			

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01440	Continued From page 29 administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services for one of two employees (unlicensed personnel (ULP)-D). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On March 24, 2026, at 9:00 a.m., the surveyor observed ULP-D administer medications to resident (R2). ULP-D was hired on January 28, 2026, to provide direct care services to residents.	01440			

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01440	Continued From page 30 ULP-D's employee record lacked documentation of direct supervision of performing a delegated task within 30 days of providing services to verify the work was performed competently and to identify problems and solutions to address issues relating to the staff's ability to provide the services. On March 24, 2026, at 11:10 a.m., licensed assisted living director/owner (LALD/O)-A stated ULP-D does not have a 30-day supervision in her record and this is because the previously employed nurse wiped out some of their computer records and so she is missing documentation of several employees 30-day supervisions. The licensee's 6.17 Supervision of Staff - Delegated Services policy dated June 1, 2022, indicated direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for licensee and first performs the delegated tasks for residents and thereafter as needed based on performance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440			
01500 SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual	01500			

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01500	Continued From page 31 training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;	01500			

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01500	Continued From page 32 (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees performing direct care services completed the required annual training for one of one employee (unlicensed personnel (ULP)-C). 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: On March 23, 2026, at 12:20 p.m. through 12:40 p.m., the surveyor observed ULP-C administer medications to residents of the facility. ULP-C was hired on May 18, 2023, to provide direct care services to residents. ULP-C's employee record lacked evidence ULP-C had completed the following annual	01500			

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01500	Continued From page 33 training topics: - review of provider's policies and procedures. On March 24, 2026, at 12:55 p.m., licensed assisted living director/owner (LALD/O)-A stated ULP-C's record does not contain evidence of an annual review of the providers policies and procedures and they do not have evidence of any staff completed an annual review of the policies and procedures because she did not realize this was required. The licensee's 5.06 Annual Required Staff Training policy dated June 1, 2022, indicated the following training elements must be included every 12 months to all staff who performs direct care services: - review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500			
01610 SS=F	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on	01610			

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01610	Continued From page 34 which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed an initial comprehensive nursing assessment on, or before, the date of admission for three of three residents (R1, R2 and R4). 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: R1 On March 24, 2026, at 9:00 a.m., the surveyor observed unlicensed personnel (ULP-D) administer medications to R1. R1 was admitted to the licensee on September 15, 2025, with diagnoses that included dementia, transient cerebral ischemic attack (mini stroke) and chronic atrial fibrillation (persistent, rapid,	01610			

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01610	Continued From page 35 irregular heartbeat). R1's signed service plan dated September 15, 2025, indicated R1 received services to include assistance with toileting, ambulation, activity reminders, bed making, dining assistance, dressing, grooming, housekeeping. medication administration, nail care, oral care, orientation, Thrombo-Embolic Deterrent hose (TED), transfer assistance, trash removal, vision aid reminders, vital signs, safety checks, laundry, skin monitoring and bathing. R1's record included an admission assessment dated September 15, 2025, however the assessment was not completed and signed until January 23, 2026. R2 On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2 with dressing, toileting, and grooming. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia, essential hypertension, depression and migraine. R2's signed service plan dated November 24, 2025, indicated R2 received services to include assistance with toileting, ambulation, activity reminders, bathing, bed making, bed mobility, care coordination with outside provider, dining assistance, dressing, grooming, housekeeping. medication administration, laundry, nail care, oral care, transfer assistance, trash removal, skin monitoring, vision aid reminders, assistive device cleaning, vital signs and safety checks. R2's included an admission assessment dated November 24, 2025, however the assessment	01610			

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01610	Continued From page 36 was not completed and signed until February 10, 2026. R4 R4 was admitted to the licensee on March 6, 2025, with diagnoses that included dementia, osteoarthritis (degenerative joint disease caused by cartilage breakdown), essential hypertension and diverticulitis (bulging pouches in the colon that become inflamed or infected). R4's signed service plan dated March 5, 2025, indicated R4 received services to include activity reminders, ambulation, bathing, bed making, dressing, grooming, housekeeping, Laundry, medication administration, nail care, skin monitoring, toileting, transfers, vital signs, safety checks, trash removal, oral care and assistive device cleaning. R4's record did not include any nursing assessments. On March 25, 2026, at 11:50 a.m., licensed assisted living director/owner (LALD/O)-A stated the assessments for all the residents were not being completed in the required time frames and this would be the case for all residents this was a concern with the previous nurse and led to her resignation. LALD/O-A stated R1 and R2's assessments were not completed and signed on time and R4's record is missing all of the assessments including the admission assessment. The licensee's 6.01 Assessments, Reviews & Monitoring policy dated June 1, 2026, indicated licensee will conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a	01610			

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01610	Continued From page 37 temporary service plan 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. The initial nursing assessment or reassessment must include all the elements of the uniform assessment tool as required, conducted in person, be in writing, dated, and signed by the registered nurse who conducted the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01610			
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan 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. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation	01620			

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01620	Continued From page 38 of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) 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 calendar days from the date of the last review. (f) 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 observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted ongoing 14-day resident reassessment for three of three residents (R1, R2 and R4), and failed to conduct ongoing nursing assessments not to exceed 90 calendar days for three of three residents (R1, R2 and R4) and with change of resident condition for one of one resident (R2).	01620			

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01620	Continued From page 39 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). The findings include: R1 On March 24, 2026, at 9:00 a.m., the surveyor observed unlicensed personnel (ULP-D) administer medications to R1. R1 was admitted to the licensee on September 15, 2025, with diagnoses that included dementia, transient cerebral ischemic attack (mini stroke) and chronic atrial fibrillation (persistent, rapid, irregular heartbeat). R1's signed service plan dated September 15, 2025, indicated R1 received services to include assistance with toileting, ambulation, activity reminders, bed making, dining assistance, dressing, grooming, housekeeping. medication administration, nail care, oral care, orientation, Thrombo-Embolic Deterrent hose (TED), transfer assistance, trash removal, vision aid reminders, vital signs, safety checks, laundry, skin monitoring and bathing. R1's record included an admission assessment dated September 15, 2025, however, R1's 14-day assessment dated September 29, 2025, was not signed and completed until January 23, 2026. R1's 90-day assessment was due on or by December 15, 2025, was not signed and	01620			

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NAME OF PROVIDER OR SUPPLIER ATLAS VILLAS MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 MAIN STREET CENTERVILLE, MN 55038		
(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
01620	Continued From page 40 completed until February 9, 2026. The following 90 day assessment due on March 15, 2026 was not completed. R2 On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2 with dressing, toileting, and grooming. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia, essential hypertension, depression and migraine. R2's signed service plan dated November 24, 2025, indicated R2 received services to include assistance with toileting, ambulation, activity reminders, bathing, bed making, bed mobility, care coordination with outside provider, dining assistance, dressing, grooming, housekeeping. medication administration, laundry, nail care, oral care, transfer assistance, trash removal, skin monitoring, vision aid reminders, assistive device cleaning, vital signs and safety checks. R2's record included an admission assessment dated November 24, 2025, however, R2's 14-day assessment due December 8, 2025, was not completed. The following change of condition assessment, which was due December 19, 2025, due to a fall which required a hospital emergency room visit, was not completed. The following 90-day assessment due February 22, 2026, was not completed. R4 R4 was admitted to the licensee on March 6, 2025, with diagnoses that included dementia, osteoarthritis (degenerative joint disease caused by cartilage breakdown), essential hypertension and diverticulitis (bulging pouches in the colon	01620			

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01620	Continued From page 41 that become inflamed or infected). R4's signed service plan dated March 5, 2025, indicated R4 received services to include activity reminders, ambulation, bathing, bed making, dressing, grooming, housekeeping, Laundry, medication administration, nail care, skin monitoring, toileting, transfers, vital signs, safety checks, trash removal, oral care and assistive device cleaning. R4's record did not include any nursing assessments. On March 25, 2026, at 11:50 a.m., licensed assisted living director/owner (LALD/O)-A stated the assessments for all the residents were not being completed in the required time frames and this would be the case for all residents this was a concern with the previous nurse and led to her resignation. LALD/O-A stated R1 assessments were started but not completed and signed on the required dates and the last 90-day assessment which was due was not completed. LALD/O-A stated R2's record was missing the 14-day assessment, change of condition assessment and the following 90-day assessment. LALD/O-A stated R4's record is missing all the assessments. The licensee's 6.01 Assessments, Reviews & Monitoring policy dated June 1, 2026, indicated 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. For residents only receiving assisted living services	01620			

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01620	Continued From page 42 specified in section 144G.08, subdivision 9, clauses {1) to (5) as listed here: - assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing; - providing standby assistance; - providing verbal or visual reminders to the resident to take regularly scheduled medication, which includes bringing the resident previously set up medication, medication in original containers, or liquid or food to accompany the medication; - providing verbal or visual reminders to the resident to perform regularly scheduled treatments and exercises; and - preparing modified diets ordered by a licensed health professional. The individualized review or subsequent reviews must include all the required elements as specified in Rule, conducted in person {unless see #2), be in writing dated and signed by the registered nurse who conducted the individualized review. The facility will complete an individualized initial review of the residents' 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 calendar days from the date of the last review. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620			
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to	01640			

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01640	Continued From page 43 (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the service plan was revised based on change of services for one of one resident (R2). 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 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:	01640			

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01640	Continued From page 44 On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2 with dressing, toileting, and grooming. R2 wore a knee brace on her right knee. ULP-F stated R2 wears the knee brace on her right knee every day, and the staff assist R2 with applying and removing the brace daily. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia, essential hypertension, depression and migraine. R2's signed service plan dated November 24, 2025, indicated R2 received services to include assistance with toileting, ambulation, activity reminders, bathing, bed making, bed mobility, care coordination with outside provider, dining assistance, dressing, grooming, housekeeping. medication administration, laundry, nail care, oral care, transfer assistance, trash removal, skin monitoring, vision aid reminders, assistive device cleaning, vital signs and safety checks. R2's medication administration record (MAR) dated February 1, 2026, through February 28, 2026, indicated R2 had received assistance with knee brace twice daily. R2's MAR dated March 1, 2026, through March 24, 2026, indicated R2 had received assistance with knee brace twice daily and had received assistance with wound care on March 20, 21, and 23, 2026, in the evening. R2's record contained a signed provider order dated March 9, 2026, for daily wound care to the left great toe. On March 25, 2026, at 11:50 a.m., licensed	01640			

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01640	Continued From page 45 assisted living director/owner (LALD/O)-A stated she agreed the service plan for R2 was missing the knee brace and wound care services and was not updated within 14 days after the change of services. LALD/O-A stated the nurse should have completed a new service plan and had it signed by the resident's representative and is not sure why the nurse did not complete this other than this was after she had put in her notice to end her employment. The licensee's 6.08 Service Plan policy dated June 1, 2022, indicated within 14 days after the date that services are first provided to a resident, the licensee will finalize a written service plan. The service plan and any revisions shall include a signature or other authentication by licensee and by the resident, or resident's representative, documenting agreement on the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			
01700 SS=D	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include	01700			

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01700	Continued From page 46 an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a face-to-face medication management assessment prior to providing medication management services for one of three residents (R4). 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: R4 was admitted to the licensee on March 6,	01700			

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01700	Continued From page 47 2025, with diagnoses that included dementia, osteoarthritis (degenerative joint disease caused by cartilage breakdown), essential hypertension and diverticulitis (bulging pouches in the colon that become inflamed or infected). R4's signed service plan dated March 5, 2025, indicated R4 received services to include medication administration. R4's record included medication administration records (MAR) for February 1, 2026, to February 28, 2026, and March 1, 2026, through March 24, 2026. The MAR's indicated the licensee's staff had assisted R4 with medication administration daily. R4's record lacked a face-to-face medication management assessment completed by the RN prior to providing medication management services. On March 25, 2026, at 9:00 a.m., licensed assisted living director/owner (LALD/O)-A stated she agreed R4's record did not contain a medication assessment completed by the nurse prior to starting medication administration services. LALD/O-A stated the nurse should have completed an assessment and is unsure why an assessment was not completed but is part of the reason this nurse is no longer employed by them. The licensee's 7.01 Medication Management - Assessment, Monitoring and Reassessment policy dated June 1, 2022, indicated the licensee will, Prior to providing medication management services, have a registered nurse, Licensed health professional, or authorize prescriber conduct an assessment to determine what medication management services will be provided	01700			

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01700	Continued From page 48 and how the services will be provided. The assessment must be conducted face to face with the resident by an RN. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700			
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional	01730			

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01730	Continued From page 49 when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop an individualized medication management plan with the required content for three of three residents (R1, R2, and R4). 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). The findings include: R1 On March 24, 2026, at 9:00 a.m., the surveyor observed unlicensed personnel (ULP-D)	01730			

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01730	Continued From page 50 administer medications to R1. R1 was admitted to the licensee on September 15, 2025, with diagnoses that included dementia, transient cerebral ischemic attack (mini stroke) and chronic atrial fibrillation (persistent, rapid, irregular heartbeat). R1's signed service plan dated September 15, 2025, indicated R1 received services to include medication administration. R1's Individualized Medication Management Plan completed on August 20, 2025, lacked the following required content: - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services. R2 On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2 with dressing, toileting, and grooming. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia, essential hypertension, depression and migraine. R2's signed service plan dated November 24, 2025, indicated R2 received services to include medication administration. R2's Individualized Medication Management Plan completed on November 17, 2025, lacked the following required content: - documentation of specific resident instructions relating to the administration of medications; and - procedures for staff notifying a registered nurse or appropriate licensed health professional when	01730			

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01730	Continued From page 51 a problem arises with medication management services. R4 R4 was admitted to the licensee on March 6, 2025, with diagnoses that included dementia, osteoarthritis (degenerative joint disease caused by cartilage breakdown), essential hypertension and diverticulitis (bulging pouches in the colon that become inflamed or infected). R4's signed service plan dated March 5, 2025, indicated R4 received services to include medication administration. R4's record lacked an individualized medication management plan. On March 25, 2026, at 11:50 a.m., licensed assisted living director/owner (LALD/O)-A stated she agreed the individualized medication management plans for the residents were missing specific instructions and the procedure of notifying the nurse when an issue occurs and the previous nurse must have missed these requirements. On March 26, 2026, at 9:00 a.m. LALD/O-A stated R4 does not have an individualized medication management plan and is not sure why the previous nurse did not create one. The licensee's 7.03 Medication Management Individualized Plan policy dated June 1, 2022, indicated the licensee will develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: - a statement describing the medication management services that will be provided;	01730			

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01730	Continued From page 52 - a description of storage of medications based on the residents needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and - any resident specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication used to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not	01760			

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01760	Continued From page 53 completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure accurate transcription for a prescription for one of three residents (R2) and failed to ensure medications were administered as prescribed for one of three residents (R2) who had medication management services. 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: On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2 with dressing, toileting, and grooming. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia, essential hypertension, depression and migraine. R2's signed service plan dated November 24, 2025, indicated R2 received services to include medication administration.	01760			

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NAME OF PROVIDER OR SUPPLIER ATLAS VILLAS MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 MAIN STREET CENTERVILLE, MN 55038		
(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
01760	Continued From page 54 R2's record included prescriber orders dated March 9, 2026, for the following: - change donepezil from p.m. to a.m.; and - discontinue senna 8.6 mg daily; start: senna 8.6 mg bid (twice daily), take 1 tab bid (hold for loose stools) R2's medication administration record (MAR) dated March 1, 2026, through March 24, 2026, indicated R2's donepezil 5 mg was changed on March 9, 2026, to a.m. from p.m., however the specific instructions still indicated 1 tab by mouth every bedtime for dementia. R2's MAR dated March 1, 2026, through March 24, 2026, indicated R2's senna order as follows: - senna 8.6mg tablet, take one tablet oral QD (daily). On March 25, 2026, at 11:50 a.m., licensed assisted living director/owner (LALD/O)-A stated she agreed the donepezil order was transcribed incorrectly and the senna order was not changed to twice daily as indicated on the provider orders. LALD/O-A stated she is not sure why the previous nurse did not change the directions when she changed the time and is not sure why the senna order was not changed. The licensee's 7.15 Medication and Treatment - Administration and Delegation policy dated June 1, 2022, indicated Prior to a unlicensed personnel (ULP) providing delegated medication administration and/or treatments/therapy, The following must occur: - a RN must conduct a face-to-face resident assessment to determine what medication management or treatment/therapy services will be provided and how those services will be provided;	01760			

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01760	Continued From page 55 - the licensee will prepare and include in the Service plan a written statement of the medication management or treatment/therapy services that will be provided to the resident; - the medications have current prescribers' orders on file; and - a RN must specify, in writing, specific instructions for each resident and document those instructions in the resident's record. The licensee's 7.20 Medication and Treatment Orders policy dated June 1, 2022, indicated The RN is responsible for assuring that: - current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the residents' records; - communicated to the resident or responsible party; - educate resident or responsible party on all medication and treatment orders; and - changes in orders are addressed in the residents' Service plan and are communicated to the other staff. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced	01770			

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01770	Continued From page 56 by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for three of three residents (R1, R2 and R4). 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 the residents). The findings include: During the entrance conference on March 23, 2026, at 10:15 a.m., licensed assisted living director/owner (LALD/O)-A stated the staff administer medications for all the residents of the facility. LALD/O-A stated the previous nurse completed a medication setup weekly for all of the residents of the facility, she is unsure why the nurse decided to mange the medications this way because the pharmacy can send the medications in bubble packs and is more than likely going to change this practice now that nurse is no longer employed by them. R1 On March 24, 2026, at 9:00 a.m., the surveyor observed ULP-D administer medications to R1 in the dining room with other residents present without offering privacy to R1. R1 was admitted to the licensee on September 15, 2025, with diagnoses that included dementia,	01770			

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01770	Continued From page 57 transient cerebral ischemic attack (mini stroke) and chronic atrial fibrillation (persistent, rapid, irregular heartbeat). R1's signed service plan dated September 15, 2025, indicated R1 received services to include medication set-up and medication administration. R1's record contained a progress note dated March 4, 2026, which indicated, weekly pill organizer refilled through March 10, 2026, HS (at bedtime). R2 On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2 with dressing, toileting, and grooming. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia, essential hypertension, depression and migraine. R2's signed service plan dated November 24, 2025, indicated R2 received services to include medication set-up and medication administration. R2's record contained a progress note dated March 4, 2026, which indicated, weekly pill organizer refilled through March 10, 2026, HS (at bedtime). R4 R4 was admitted to the licensee on March 6, 2025, with diagnoses that included dementia, osteoarthritis (degenerative joint disease caused by cartilage breakdown), essential hypertension and diverticulitis (bulging pouches in the colon that become inflamed or infected). R4's signed service plan dated March 5, 2025,	01770			

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01770	Continued From page 58 indicated R4 received services to include medication administration. R4's record contained a progress note dated March 4, 2026, which indicated, weekly pill organizer refilled through March 10, 2026, HS (at bedtime). R1's, R2's and R4's records all lacked medication set-up documentation to include names of medications, quantity of doses, times to be administered, and routes of administration. On March 25, 2026, at 11:00 a.m., LALD/O-A stated they do not have any other medication setup documentation other than the nurse notes, and she agrees the note does not meet the requirements for medication setup documentation. The licensee's 7.09 Medication Management - Dosage Box Setup policy dated June 1, 2022, indicated a licensed nurse will assure the medication orders are transcribed onto the Medication Administration Record (MAR). This profile includes: - dates of medication set up; - medication name; - quantity of dose; - times to be administered; - route of administration - name of person completing the medication setup; - visual description of medication; and - drug classification and special precautions. The licensed nurse sets up medication on weekly into the dosage boxes. When the licensed nurse has completed setting up the medications into the dosage box, the set-up is documented on the MAR.	01770			

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01770	Continued From page 59 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01770			
01820 SS=F	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 observation, interview and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for all medications the licensee managed for three of three residents (R1, R2 and R4). 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 the residents). The findings include: R1 On March 24, 2026, at 9:00 a.m., the surveyor observed ULP-D administer medications to R1 in the dining room with other residents present	01820			

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01820	Continued From page 60 without offering privacy to R1. R1 was admitted to the licensee on September 15, 2025, with diagnoses that included dementia, transient cerebral ischemic attack (mini stroke) and chronic atrial fibrillation (persistent, rapid, irregular heartbeat). R1's signed service plan dated September 15, 2025, indicated R1 received services to include medication administration. R1's medication administration record (MAR) dated March 2026, included the following medications: - donepezil HCL 10 mg, take one tablet by mouth daily for dementia - flecainide acetate 50mg, take one tablet by mouth twice daily for high blood pressure - memantine HCL 10mg, take one tablet by mouth twice daily for dementia - sertraline HCL 100mg, take one tablet by mouth daily for depression - simvastatin 40 mg, take one tablet by mouth daily for high cholesterol - quetiapine fumarate 25mg, take ½ tablet in the afternoon for agitation - atenolol 25 mg, ½ tablet by mouth at bedtime for tachycardia (high heart rate) - trazadone HCL 50 mg take ½ tablet by mouth every night a bedtime for insomnia - acetaminophen 500 mg, take 2 capsules by mouth every 6 hours as needed for pain - milk of magnesia 15 ml, give 60 ml by mouth every 6 hours as needed for constipation R1's records lacked signed physician's orders for the following medications: - milk of magnesia 15 ml, give 60 ml by mouth every 6 hours as needed for constipation	01820			

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01820	Continued From page 61 R2 On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2 with dressing, toileting, and grooming. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia, essential hypertension, depression and migraine. R2's signed service plan dated November 24, 2025, indicated R2 received services to include medication administration. R2's MAR dated March 2026, included the following medications: - citalopram HBR 30 mg, take one 10 mg tablet along with a 20 mg tablet to equal 30mg by mouth every morning for depression - daily vitamin 400mcg, take one tablet by mouth daily for supplement - diclofenac sodium 1%, apply 2 grams topical twice daily to both knees for arthritic pain - divalproex sodium 125 mg, take one tablet by mouth daily for agitation - donepezil HCL 5 mg, take one tablet by mouth every bedtime for dementia - memantine HCL 5mg, take one tablet by mouth twice daily for dementia - quetiapine fumarate 25 mg, administer ½ tablet by mouth three times a day for agitation - senna 8.6 mg, take one tablet by mouth daily for constipation - celecoxib 100 mg, take 1 capsule by mouth daily for arthritis pain - nortriptyline HCL 10mg, take 3 capsules by mouth every night at bedtime for headaches - simvastatin 40 mg, take one tablet by mouth every bedtime for high cholesterol - Vicks vapor rub ointment, apply thin layer to	01820			

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01820	Continued From page 62 every toenail for fungal infection - acetaminophen 500 mg, give one tablet by mouth up to two times daily as needed for pain - calmoseptine ointment, apply thin layer to buttocks and abdominal folds up to two times daily as needed for skin breakdown - lidocaine 4% patch, apply one patch to mid back once daily for 12 hours as needed for pain - melatonin 5 mg, give 1 tablet by mouth as needed for insomnia - milk of magnesia 30 ml, give 30-60 ml by mouth every 6 hours as needed for constipation - polyethylene glycol powder, give 17 grams in 8 oz of fluid one time a day as needed for constipation R2's records lacked signed physician's orders for the following medications: - citalopram HBR 30 mg, take one 10 mg tablet along with a 20 mg tablet to equal 30 mg by mouth every morning for depression - quetiapine fumarate 25 mg, administer ½ tablet by mouth three times a day for agitation - senna 8.6 mg, take one tablet by mouth daily for constipation - memantine HCL 5 mg, take one tablet by mouth twice daily for dementia - simvastatin 40 mg, take one tablet by mouth every bedtime for high cholesterol - Vicks vapor rub ointment, apply thin layer to every toenail for fungal infection - acetaminophen 500 mg, give one tablet by mouth up to two times daily as needed for pain - calmoseptine ointment, apply thin layer to buttocks and abdominal folds up to two times daily as needed for skin breakdown - lidocaine 4% patch, apply one patch to mid back once daily for 12 hours as needed for pain - melatonin 5 mg, give 1 tablet by mouth as needed for insomnia	01820			

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01820	Continued From page 63 - milk of magnesia 15 ml, give 60 ml by mouth every 6 hours as needed for constipation - polyethylene glycol powder, give 17 grams in 8 oz of fluid one time a day as needed for constipation R4 R4 was admitted to the licensee on March 6, 2025, with diagnoses that included dementia, osteoarthritis (degenerative joint disease caused by cartilage breakdown), essential hypertension and diverticulitis (bulging pouches in the colon that become inflamed or infected). R4's signed service plan dated March 5, 2025, indicated R4 received services to include medication administration. R4's MAR dated March 2026, included the following medications: - acetaminophen 500 mg, take 2 tablets by mouth three times a day for pain - biofreeze 4% gel, apply 2 grams topical twice daily as needed for left knee pain - celecoxib 100 mg, take 1 capsule by mouth twice daily for arthritic pain - hydromorphone HCL 2 mg, take 1 tablet four times daily for pain - risperidone 1 mg, take 2 tablets by mouth every morning for agitation - senna 8.6 mg, give 1 tablet by mouth twice daily for constipation - sertraline HCL 100 mg, take 1 tablet by mouth daily for depression - celecoxib 100 mg, take 1 capsule by mouth twice daily for arthritic pain - acetaminophen 650 mg, suppository, unwrap and insert 1 suppository rectally every 6 hours as needed for pain - bisacodyl 10 mg suppository, unwrap and insert	01820			

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01820	Continued From page 64 1 suppository rectally daily as needed for constipation - hyoscyamine sulfate 0.125 mg, take 1 tablet sublingually every 6 hours as needed for excessive secretions - Imodium 2 mg, give 1-2 tablets every 4 hours as needed for diarrhea - lorazepam 0.5 mg, give 1 tablet by mouth every 4 hours as needed for anxiety - Miralax 17 grams, mix one capful with 8 oz of juice or water once time daily as needed for constipation - ondansetron HCL 8 mg, take 1 tablet every 8 hours as needed for nausea - Robitussin 5ml, take 10 ml by mouth once daily as needed for cough R4's records lacked signed physician's orders for the following medications: - acetaminophen 500 mg, take 2 tablets by mouth three times a day for pain - hydromorphone HCL 2 mg, take 1 tablet four times daily for pain - senna 8.6 mg, give 1 tablet by mouth twice daily for constipation - acetaminophen 650 mg, suppository, unwrap and insert 1 suppository rectally every 6 hours as needed for pain - Imodium 2 mg, give 1-2 tablets every 4 hours as needed for diarrhea - Miralax 17 grams, mix one capful with 8 oz of juice or water once time daily as needed for constipation - ondansetron HCL 8 mg, take 1 tablet every 8 hours as needed for nausea - Robitussin 5ml, take 10 ml by mouth once daily as needed for cough On March 25, 2026, at 11:50 a.m., licensed assisted living director/owner (LALD/O)-A stated	01820			

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01820	Continued From page 65 she agrees they are missing some medication orders for R1 and R2, she is not sure why they do not have current medications orders for all the medications administered and this would have been the responsibility of the previous nurse and another reason she no longer works for them. On March 26, 2026, at 9:00 a.m., LALD/O-A stated he agrees R4 is also missing current medication orders for all the medications administered and they are likely missing some of the orders for all the residents of the facility and will need to get updated orders for all residents. The licensee's 7.20 Medication and Treatment Orders policy dated June 1, 2022, indicated The RN is responsible for assuring that: - current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the residents' records. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			
01830 SS=F	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prescriptions were renewed at least every 12 months for one of one	01830			

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01830	Continued From page 66 resident (R4). 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 the residents). The findings include: R4 was admitted to the licensee on March 6, 2025, with diagnoses that included dementia, osteoarthritis (degenerative joint disease caused by cartilage breakdown), essential hypertension and diverticulitis (bulging pouches in the colon that become inflamed or infected). R4's signed service plan dated March 5, 2025, indicated R4 received services to include medication administration. R4's MAR dated March 2026, included the following medications: - acetaminophen 500 mg, take 2 tablets by mouth three times a day for pain - biofreeze 4% gel, apply 2 grams topical twice daily as needed for left knee pain - celecoxib 100 mg, take 1 capsule by mouth twice daily for arthritic pain - hydromorphone HCL 2 mg, take 1 tablet four times daily for pain - risperidone 1 mg, take 2 tablets by mouth every morning for agitation - senna 8.6 mg, give 1 tablet by mouth twice daily for constipation - sertraline HCL 100 mg, take 1 tablet by mouth	01830			

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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
01830	Continued From page 67 daily for depression - celecoxib 100 mg, take 1 capsule by mouth twice daily for arthritic pain - acetaminophen 650 mg, suppository, unwrap and insert 1 suppository rectally every 6 hours as needed for pain - bisacodyl 10 mg suppository, unwrap and insert 1 suppository rectally daily as needed for constipation - hyoscyamine sulfate 0.125 mg, take 1 tablet sublingually every 6 hours as needed for excessive secretions - Imodium 2 mg, give 1-2 tablets every 4 hours as needed for diarrhea - lorazepam 0.5 mg, give 1 tablet by mouth every 4 hours as needed for anxiety - Miralax 17 grams, mix one capful with 8 oz of juice or water once time daily as needed for constipation - ondansetron HCL 8 mg, take 1 tablet every 8 hours as needed for nausea - Robitussin 5ml, take 10 ml by mouth once daily as needed for cough R4's record lacked prescription renewal every 12 months for the following medications: - acetaminophen 500 mg, take 2 tablets by mouth three times a day for pain - hydromorphone HCL 2 mg, take 1 tablet four times daily for pain - senna 8.6 mg, give 1 tablet by mouth twice daily for constipation - sertraline HCL 100 mg, take 1 tablet by mouth daily for depression - acetaminophen 650 mg, suppository, unwrap and insert 1 suppository rectally every 6 hours as needed for pain - imodium 2 mg, give 1-2 tablets every 4 hours as needed for diarrhea - Miralax 17 grams, mix one capful with 8 oz of	01830			

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01830	Continued From page 68 juice or water once time daily as needed for constipation - ondansetron HCL 8 mg, take 1 tablet every 8 hours as needed for nausea - Robitussin 5ml, take 10 ml by mouth once daily as needed for cough On March 26, 2026, at 9:00 a.m., licensed assisted living director/owner (LALD/O)-A stated she agrees R4 is missing an annual renewal of some medications, she is not sure if the previous nurse was getting orders for all medications signed annually but the nurse should have all medication orders renewed annually. The licensee's 7.18 Medication and Treatment Orders- Renewal policy dated June 1, 2022, indicated Residents who receive medication management services by licensee will have a current physician prescribed medication or treatment/therapy orders on record. Medication and treatment orders must be renewed at least every 12 months or more frequently as required. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01830			
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.	01910			

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01910	Continued From page 69 (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of medication to include medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition for one of one discharged resident (R3). 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: On March 23, 2026, during the entrance conference licensed assisted living director/owner	01910			

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01910	Continued From page 70 (LALD/O)-A stated the staff administer all medications for all the residents of the facility. R3 was admitted to the licensee on June 10, 2025, for assisted living services, and discharged on November 14, 2025. R3's record lacked documentation of disposition of R3's medications. On March 25, 2026, at 11:50 a.m., licensed assisted living director/owner (LALD/O)-A stated R3 received medication administration, she agrees the medication disposition is missing from R3's record, and she thinks the nurse was not documenting the disposition of any medications because she is unable to find any. The licensee's 7.23 Medication Disposal policy dated June 1, 2022, indicated upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01910			
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy	01940			

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01940	Continued From page 71 services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of two residents (R1 and R2). 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	01940			

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01940	Continued From page 72 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 the potential to affect a large portion or all of the residents). The findings include: R1 On March 24, 2026, at 9:00 a.m., the surveyor observed unlicensed personnel (ULP-D) administer medications to R1. R1 was admitted to the licensee on September 15, 2025, with diagnoses that included dementia, transient cerebral ischemic attack (mini stroke) and chronic atrial fibrillation (persistent, rapid, irregular heartbeat). R1's signed service plan dated September 15, 2025, indicated R1 received services to include assistance with toileting, ambulation, activity reminders, bed making, dining assistance, dressing, grooming, housekeeping. medication administration, nail care, oral care, orientation, Thrombo-Embolic Deterrent hose (TED), transfer assistance, trash removal, vision aid reminders, vital signs, safety checks, laundry, skin monitoring and bathing. R1's medication administration record (MAR) dated March 2026, indicated R1 received assistance twice daily with TED hose. R1's signed physician order dated December 17, 2025, indicated the following treatment: - knee high, med strength, compression socks to bilateral lower extremities for edema. Nursing to dawn every morning, okay to remove before bed.	01940			

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01940	Continued From page 73 R2 On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2 with dressing, toileting, and grooming. R2 wore a knee brace on her right knee. ULP-F stated R2 wears the knee brace on her right knee every day, and the staff assist R2 with applying and removing the brace daily. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia, essential hypertension, depression and migraine. R2's signed service plan dated November 24, 2025, indicated R2 received services to include assistance with toileting, ambulation, activity reminders, bathing, bed making, bed mobility, care coordination with outside provider, dining assistance, dressing, grooming, housekeeping. medication administration, laundry, nail care, oral care, transfer assistance, trash removal, skin monitoring, vision aid reminders, assistive device cleaning, vital signs and safety checks. R2's medication administration record (MAR) dated March 2026, indicated R2 received assistance twice daily with knee brace and once daily for wound care. R2's signed physician order dated March 9, 2026, indicated the following treatment: - left foot soak daily for 10-15 minutes. Apply bacitracin ointment to left great toe daily and cover with bandaid. R2's record lacked signed provider orders for the following treatment: - knee brace R1 and R2's individualized treatment plan lacked	01940			

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01940	Continued From page 74 the following required information: - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy were administered as prescribed, and monitoring of treatment or therapy to prevent complications or adverse reactions. On March 25, 2026, at 11:50 a.m., licensed assisted living director/owner (LALD/O)-A stated she agrees the treatment plans are missing some of the required information and she is not sure why the previous nurse did not put more detail into the treatment plans and all the treatment plans for other residents will be missing the same required information. The licensee's 7.05 Treatment and Therapy Management Plan policy dated June 1, 2022, indicated licensee will develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: - a statement of the type of services that will be provided; - documentation of specific resident instructions relating to the treatment or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; - any resident specific requirements relating to documentation of treatment and therapy received;	01940			

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01940	Continued From page 75 - verification that all treatment and therapy was administered as prescribed; and - monitoring of treatment or therapy to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940			
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of two residents (R2) who received treatments. 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).	01970			

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01970	Continued From page 76 The findings include: On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2 with dressing, toileting, and grooming. R2 wore a knee brace on her right knee. ULP-F stated R2 wears the knee brace on her right knee every day, and the staff assist R2 with applying and removing the brace daily. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia, essential hypertension, depression and migraine. R2's signed service plan dated November 24, 2025, indicated R2 received services to include assistance with toileting, ambulation, activity reminders, bathing, bed making, bed mobility, care coordination with outside provider, dining assistance, dressing, grooming, housekeeping, medication administration, laundry, nail care, oral care, transfer assistance, trash removal, skin monitoring, vision aid reminders, assistive device cleaning, vital signs and safety checks. R2's medication administration record (MAR) dated March 2026, indicated R2 received assistance twice daily with knee brace. R2's record lacked signed provider orders for the following treatments: - knee brace On March 25, 2026, at 11:50 a.m., licensed assisted living director/owner (LALD/O)-A stated she agreed R2 was missing a treatment order for the knee brace and is not sure why they do not have an order for this treatment. LALD/O-A stated this would have been the responsibility of the	01970			

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01970	Continued From page 77 previous nurse and this is another reason she no longer works for us. The licensee's 7.20 Medication and Treatment Orders policy dated June 1, 2022, indicated The RN is responsible for assuring that: - current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the residents' records. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970			
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care must meet the requirements of section 144G.45 and the following additional requirements: (1) an assessment of safety risks must be performed on and around the property. The safety risks identified by the facility on the assessment must be mitigated to protect the residents from harm. The mitigation efforts must be documented in the facility's records; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements	02040			

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02040	Continued From page 78 of Minnesota Statute 144G. 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, Physical Environment Inspection Report (PEIR) dated March 23, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040			
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be	02170			

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02170	Continued From page 79 developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized activity plan for three of three residents (R1, R2, and R4) who resided in an assisted living with dementia care facility. 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).	02170			

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02170	Continued From page 80 The findings include: The licensee held an assisted living with dementia care license effective February 28, 2026, with an expiration date of February 27, 2027. R1 On March 24, 2026, at 9:00 a.m., the surveyor observed unlicensed personnel (ULP-D) administer medications to R1. R1 was admitted to the licensee on September 15, 2025, with diagnoses that included dementia, transient cerebral ischemic attack (mini stroke) and chronic atrial fibrillation (persistent, rapid, irregular heartbeat). R1's signed service plan dated September 15, 2025, indicated R1 received services to include assistance with toileting, ambulation, activity reminders, bed making, dining assistance, dressing, grooming, housekeeping. medication administration, nail care, oral care, orientation, Thrombo-Embolic Deterrent hose (TED), transfer assistance, trash removal, vision aid reminders, vital signs, safety checks, laundry, skin monitoring and bathing. R2 On March 24, 2026, at 9:45 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R2 with dressing, toileting, and grooming. R2 was admitted to the licensee on November 24, 2025, with diagnoses that included dementia, essential hypertension, depression and migraine. R2's signed service plan dated November 24,	02170			

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NAME OF PROVIDER OR SUPPLIER ATLAS VILLAS MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 MAIN STREET CENTERVILLE, MN 55038		
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02170	Continued From page 81 2025, indicated R2 received services to include assistance with toileting, ambulation, activity reminders, bathing, bed making, bed mobility, care coordination with outside provider, dining assistance, dressing, grooming, housekeeping. medication administration, laundry, nail care, oral care, transfer assistance, trash removal, skin monitoring, vision aid reminders, assistive device cleaning, vital signs and safety checks. R4 R4 was admitted to the licensee on March 6, 2025, with diagnoses that included dementia, osteoarthritis (degenerative joint disease caused by cartilage breakdown), essential hypertension and diverticulitis (bulging pouches in the colon that become inflamed or infected). R4's signed service plan dated March 5, 2025, indicated R4 received services to include activity reminders, ambulation, bathing, bed making, dressing, grooming, housekeeping, Laundry, medication administration, nail care, skin monitoring, toileting, transfers, vital signs, safety checks, trash removal, oral care and assistive device cleaning. R1, R2's and R4's records lacked documentation of evaluation of the following: - past and current interests; - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions On March 25, 2026, at 11:50 a.m., licensed assisted living director/owner (LALD/O)-A stated	02170			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39714	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER ATLAS VILLAS MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 MAIN STREET CENTERVILLE, MN 55038		
(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
02170	Continued From page 82 she does not have any activity plans for any of the resident's, they did have an activity form they went over with all the resident's at admission but those are all missing now and the activity piece of the assessment is lacking some of the required content for the activity assessment and plans. The licensee's 3.05 ALDC (assisted living dementia care) Life Enrichment Programs, Activities and Outdoor Space policy dated June 1, 2022, indicated Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: - past and current interests; - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02170			
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a	02290			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39714	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/26/2026
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02290	Continued From page 83 condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee's contract used language which limited the rights of all residents residing within the facility. 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 the potential to affect a large portion or all of the residents). The findings include: On March 23, 2026, at 12:10 p.m., licensed assisted living director/Owner (LALD/O)-A provided a blank [Licensee] Resident Agreement that included an Addendum to Resident Contract: Bed Rail Policy that indicated, " At licensee, the safety and well-being of our residents is our top priority. Due to safety concerns, the use of bed rails is not permitted within our facility. Research and guidelines from safety organizations have indicated that bedrails can pose significant risks, including entrapment, falls, and injury. To ensure the highest standard of care and to maintain a safe environment for all residents, we have implemented this policy prohibiting bed rails." On March 24, 2026, at 10:30 a.m., LALD/O-A stated the contract is the same for all residents and she did not realize the addendum that prohibited bed rails was still a part of the contract they use. LALD/O-A stated in their previous	02290			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39714	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/26/2026
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02290	Continued From page 84 survey there were some issues with the contract and bed rails, which is why they created the addendum which prohibited bed rails once they realized they were unable to prohibit bed rails the addendum was supposed to be removed. LALD/O-A stated she did know that prohibiting bed rails is a violation of resident rights, she agreed all three residents' records reviewed had the signed addendum still in the resident record, and while they discourage bed rails they need to remove this addendum from the contract. The licensee's 2.30 Protecting Resident Rights policy dated June 1, 2022, indicated it is the policy of licensee to protect the rights of our residents. The licensee will not request or require that any resident waive any of the rights provided at any time for any reason, including as a condition of admission. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02290			
02410 SS=F	144G.91 Subd. 13 Personal and treatment privacy (a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan. (b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a	02410			

Minnesota Department of Health

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02410	Continued From page 85 staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan. (c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of two unlicensed personnel (ULP-C and ULP-D) ensured privacy was maintained for one of one resident (R2) and several other unidentified residents during medication and treatment administration services. 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: On March 23, 2026, during the entrance conference licensed assisted living director/owner (LALD/O)-A stated the staff administer all medications for all of the residents of the facility.	02410			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39714	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER ATLAS VILLAS MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 MAIN STREET CENTERVILLE, MN 55038		
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02410	Continued From page 86 ULP-C and ULP-D ULP-C was hired by the licensee on May 18, 2023, to provide direct care services to the residents. ULP- D was hired by the licensee on January 28, 2026, to provide direct care services to the residents. ULP-C and ULP-D's employee records both indicated completed training on the assisted living bill of rights and medication administration. On March 23, 2026, at 10:00 a.m., through 11:00 a.m., the surveyor observed ULP-C administer medications to three unidentified residents of the facility in the dining room with other residents present in the dining room without offering privacy to any of the residents. R1 On March 24, 2026, at 9:00 a.m., the surveyor observed ULP-D administer medications to R1 in the dining room with other residents present in the dining room without offering privacy to R1. R1 was admitted to the licensee on September 15, 2025, with diagnoses that included dementia, transient cerebral ischemic attack (mini stroke) and chronic atrial fibrillation (persistent, rapid, irregular heartbeat). R1's signed service plan dated September 15, 2025, indicated R1 received services to include medication administration. On March 24, 2026, at 9:10 a.m., ULP-D stated she was not trained to provide or ask the residents if they wanted privacy and all the staff	02410			

Minnesota Department of Health

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02410	Continued From page 87 give medications to residents in the dining room and so she thought it was fine. On March 25, 2026, at 11:50 a.m., LALD/O-A stated she agrees the staff are not respecting the privacy of the residents by administering medications in the dining room in front of other residents and visitors and there is nothing in the medication management plans that indicated it has been approved by the resident or their representative to give medications in the dining room and she is not sure why the previous nurse made this practice acceptable. The licensee's 2.05 Bill of Rights policy dated June 1, 2022, indicated assisted living staff will be trained on the concepts/rights contained in the bill of rights. The Minnesota's Department of Health, Bill of Rights for Assisted Living dated January 1, 2026, indicated under the heading, personal and treatment privacy, residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) day	02410			



St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

Atlas Villas Memory Care
1825 Main Street
Centerville, MN 55038
Anoka County
Parcel:

Phone:

License Info

License: HFID 39714

Risk:
License:
Expires on:
CFPM: Bethany A. Johnson
CFPM #: 80003; Exp: 08/13/2027

Inspection Info

Report Number: F1051261068
Inspection Type: Full - Single
Date: 3/23/2026 Time: 11:00 AM
Duration: 45 minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers

3-305.11A Priority Level: Priority 3 CFP#: 39

MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

COMMENT:

DISCONTINUE STORING APPLESAUCE, YOGURT, & PUDDING INSIDE THE MEDICINE REFRIGERATOR.

Comply By: 3/23/2026 Originally Issued On: 3/23/2026

New Order: 4-300 Equipment Numbers and Capacities

4-302.14 Priority Level: Priority 2 CFP#: 48

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

COMMENT:

QUAT TEST STRIPS WERE EXPIRED IN MARCH 2025. PROVIDE A MORE CURRENT TEST KIT.

Comply By: 3/30/2026 Originally Issued On: 3/23/2026

Food & Beverage General Comment

MET WITH THE NURSE EVALUATOR, SARABETH REMKER.

DISCUSSED THE FOLLOWING WITH THE FOOD CULINARY DIRECTOR, BETHANY:

EMPLOYEE ILLNESS LOG

VOMIT CLEAN-UP PROCEDURES

HANDWASHING & GLOVE USE/DISPOSAL

NOROVIRUS

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 St Cloud District Office inspection report number F1051261068 from 3/23/2026

Eloi Yang

Bethany Johnson
Food Culinary Director

Kai Yang,
Public Health Sanitarian 1
320-640-3532
kai.yang@state.mn.us



St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Temperature Observations/Recordings

Page: 1

Establishment Info

Atlas Villas Memory Care
Centerville
County/Group: Anoka County

Inspection Info

Report Number: F1051261068
Inspection Type: Full
Date: 3/23/2026
Time: 11:00 AM

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

Location: Upright Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** PRE-COOKED DICED CHICKEN; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

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

Location: Under Counter Cooler at 40 Degrees F.

Comment:

Violation Issued?: No



St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Atlas Villas Memory Care
Centerville
County/Group: Anoka County

Inspection Info

Report Number: F1051261068
Inspection Type: Full
Date: 3/23/2026
Time: 11:00 AM

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

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

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

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL39714016-0	Date: MARCH 23, 2026
Facility Name: ATLAS VILLAS MEMORY CARE	
Facility Address: 1825 MAIN STREET, CENTERVILLE, MN 55038	

☒ TAG IDENTIFICATION: 0775

SCOPE/ SEVERITY: Level 2; Pattern

TIME PERIOD OF CORRECTION: Twenty One (21) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. Controlled and delayed egress locking systems shall have the capability of being unlocked from the fire command center, a nursing station, or other approved location. The procedures for operation of the unlocking system shall be described as part of the fire safety and evacuation plan. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.7]

Comments:

- During the building tour, the surveyor asked maintenance/owner (M/O)-B if a remote button or switch was installed that would disengage the controlled and delayed egress locking system for the building. M/O-B stated no and was not aware of this requirement.

- Unlocking procedures for the egress locking system were not included in the fire safety and evacuation plan.

☒ TAG IDENTIFICATION: 0810

SCOPE/ SEVERITY: Level 3; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that are readily available at all times within the facility. [Minn. Stat. 144G.45 subd.2]

Comments: The fire safety and evacuation plan (FSEP) was kept in a binder that was stored on a shelf inside the theatre. The FSEP was not maintained as readily available to all building occupants and emergency responders.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

Comments: The licensee failed to develop the fire safety and evacuation plan (FSEP) with site specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The employee actions were limited to the RACE (Remove, Alarm, Confine, Extinguish/Evacuate) and PASS (Pull, Aim, Squeeze, Sweep) acronyms and created using a third party template.

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

Comments: The licensee failed to develop the FSEP with site specific fire safety and evacuation instructions for residents.

4. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include 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. [Minn. Stat. 144G.45 subd.2]

Comments: The fire safety and evacuation plan failed to include evacuation procedures for the individualized unique needs of residents.

5. Employees of assisted living facilities shall receive training on the fire safety and evacuation plans (FSEP) upon hiring and at least twice per year thereafter. [Minn. Stat. 144G.45 subd.2]

Comments:

- The surveyor requested records for employee fire safety and evacuation plan (FSEP) training completed at the time of hire from the licensee. A new hire training record, dated February 5, 2026, for 1.01 assisted living statute and rule overview was provided. Documentation was not provided to support FSEP training had been completed at the time of hire.

-The surveyor requested records for employee fire safety and evacuation plan training completed between March 2025 and March 2026, from the licensee. The licensee stated they had not been able to locate documentation for this training as a former employee had been responsible for maintaining these records.

Documentation was not provided to support employee training on the FSEP was completed at the required frequency.

6. 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. [Minn. Stat. 144G.45 subd.2]

Comments: The surveyor requested records for resident training on fire safety and evacuation completed between March 2025 and March 2026, from the licensee. These records were not provided.

7. 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. [Minn. Stat. 144G.45 subd.2]

Comments: The surveyor requested records for evacuation drills completed between March 2025 and March 2026, from the licensee. Record review of the provided fire drill reports and logs indicated drills were not completed twice during the night shift in the past year. Additionally, the licensee had inappropriately combined first and second shift employees for the January 21, 2026, fire drill.

☒ **TAG IDENTIFICATION: 2040**

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

1. An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and have a safety risk assessment performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm. [Minn. Stat. 144G.81 subd.1]

Comments: The surveyor requested a safety risk assessment of the physical environment with mitigation factors from the licensee. This assessment was not provided. The licensee stated they thought the emergency preparedness hazard vulnerability assessment that had been completed met this statute requirement and had not conducted a physical environment safety risk assessment.