



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 24, 2026

Licensee

Maplewood Meadow Assisted Living
1744 County Rd D East
Maplewood, MN 55119

RE: Project Number(s) SL40517001

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on August 25, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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

DOCUMENTATION OF ACTION TO COMPLY

Per 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 residents/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 issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,



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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD MEADOW ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1744 COUNTY RD D EAST MAPLEWOOD, MN 55119		
(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: SL40517001-0 On August 24, 2026, through August 25, 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 four residents; four receiving services under the Assisted Living Facility 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 develop and implement a staffing plan to determine its staffing level needs. 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	0 470			

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0 470	Continued From page 2 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: The licensee lacked a staffing plan to include the following information: -an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; -ensure 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 -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. On August 24, 2026, at 10:54 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they had not yet developed a staffing plan. The surveyor inquired if they knew how often a staffing plan was required to be evaluated. LALD/CNS-A stated they were not sure if it was required to be evaluated either quarterly or annually; the surveyor explained review of the evaluation was required two times annually. The licensee's Staffing Plan policy dated July 29, 2026, indicated: "Maplewood Meadow Assisted Living will maintain a staffing plan that ensures sufficient qualified and competent staff are available 24 hours a day, 7 days a week to meet the needs of all residents and provide safe and timely services."	0 470			

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0 470	Continued From page 3 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 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	0 480			

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0 480	Continued From page 4 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; (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 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:	0 480			

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0 480	Continued From page 5 Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 24, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee on August 24, 2026. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates	0 480			
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; (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	0 730			

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0 730	Continued From page 6 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 observation, interview, and record review, the licensee failed to ensure resident records included documentation of services provided for three of three residents (R1, R2, 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 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:	0 730			

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0 730	Continued From page 7 R1 R1 was admitted to the licensee on August 7, 2026. R1's Service Plan dated August 6, 2026, and signed August 10, 2026, indicated R1 received services for medication and treatment administration, bathing, hygiene/grooming assistance, dressing, continence assistance, personal laundry, housekeeping/linens change, food/meal preparation, and behavioral needs. R1's Service Recap Summary for August 2026 indicated the licensee lacked documentation for the following services and dates: -escort/mobility assistance; August 7-25; -supervision: Position/repositioning; August 7-25; -vital signs (blood pressure, oxygen saturation, pulse, respiration, temperature); August 9 at 8:00 a.m., and 3:30 p.m.; -medication administration at 9:30 a.m.; August 7-14, August 16-25; -medication administration at 11:47 a.m.; August 7-12, August 14-25; and -medication administration at 12:30 p.m.; August 7-17, August 19-25. On August 25, 2026, at 7:49 a.m., the surveyor observed unlicensed personnel (ULP)-B administer medications for R1. R2 R2 was admitted to the licensee on August 14, 2026. R2's Service Plan dated and signed August 14, 2026, indicated R2 received services for medication and treatment administration, bathing, hygiene/grooming assistance, dressing, continence assistance, personal laundry,	0 730			

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0 730	Continued From page 8 housekeeping/linens change, and food/meal preparation. R2's Service Recap Summary for August 2026 indicated the licensee lacked documentation for the following services and dates: -vital signs (blood pressure, oxygen saturation, pulse, respiration, weight): August 15 at 8:00 a.m. and 3:30 p.m.; -medication administration at 7:30 a.m.; August 14-21; -medication administration at 12:00 p.m.; August 21-24; and -medication administration at 2:00 p.m.; August 14-20. On August 25, 2026, at 7:08 a.m., the surveyor observed ULP-B administer medications for R2. R3 R3 was admitted to the licensee on August 7, 2026. R3's Service Plan dated and signed August 7, 2026, indicated R3 received services for medication administration, blood sugar checks, daily blood pressure checks, bathing assistance, hygiene/grooming assistance, dressing assistance, continence assistance, personal laundry, housekeeping/linen change, food/meal preparation, and heart and kidney failure-accompany to appointments. R3's Service Recap Summary for August 2026 indicated the licensee lacked documentation for the following services and dates: -manage behavior-property destruction-reminder; August 7-25; -manage behavior-self-injurious-reminder; August 7-25;	0 730			

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0 730	Continued From page 9 -shopping assistance-reminder; August 7-25; -blood glucose; August 10 at 8:00 a.m. and August 10-13 at 6:00 p.m.; -vital signs (blood pressure, oxygen saturation, pulse, respiration, weight): August 9-10 at 8:00 a.m. and August 9 and August 11-14 at 3:30 p.m. (except blood pressure, oxygenation saturation, temperature and pulse completed August 10 at 3:30 p.m.); -bathing assistance; August 10-13; -manage behavior-agitation; August 11-14 at PM; -manage behavior-anxiety; August 11-14 at PM; -manage behavior-property destruction; August 11-14 at PM; -manage behavior-self-injurious; August 11-14 at PM; -manage behavior-verbal; August 11-14 at PM; -manage behavior-other mental health need; August 11-14 at PM; -manage behavior-wandering; August 11-14 at PM; -orientation support; August 11-14 PM; -grooming; August 11-13 at 8:15 p.m., -medication administration; August 8-14 at 4:00 p.m.; -medication administration; August 11-13 at 5:00 p.m.; and -medication administration; August 10-13 at 8:00 p.m. On August 25, 2026, at 7:23 a.m., the surveyor observed ULP-B administer medications for R3. On August 25, 2026, at 12:27 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A reviewed R1, R2 and R3's Service Recap Summary's for August 2026. LALD/CNS-A stated they were missing documentation. LALD/CNS-A stated the expectation was for staff to document everything accurately and not to	0 730			

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0 730	Continued From page 10 miss any documentation. The licensee's Documentation Requirements policy dated July 29, 2026, indicated, "Documentation of Services - Staff will document services provided according to the resident's current service plan, including the type of service, date, time, and any required observations." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730			
0 810 SS=E	144G.45 Subd. 2 (b-f) Fire protection and physical environment (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	0 810			

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0 810	Continued From page 11 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, interview, and record review, 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 August 24, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one	0 810			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD MEADOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1744 COUNTY RD D EAST MAPLEWOOD, MN 55119			
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0 810	Continued From page 12 (21) days	0 810			
0 920 SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to include a delineation of cost with their assisted living contract. This practice resulted in a level one violation (a violation that will cause only minimal impact on	0 920			

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0 920	Continued From page 13 the resident and does not affect 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 the residents). The findings include: The licensee's blank Resident Contract for Assisted Living template, undated, lacked the following required information: -a delineation of the cost and nature of any other services to be provided for an additional fee; and -a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract. R1 was admitted to the licensee on August 7, 2026. R1's Service Plan dated August 6, 2026, indicated R1 received services for medication and treatment administration, bathing, hygiene/grooming assistance, dressing, continence assistance, personal laundry, housekeeping/linens change, food/meal preparation, and behavioral needs. R1's Resident Contract for Assisted Living signed August 10, 2026, did not identify a delineation and description of any additional fees the resident may be required to pay if the resident's condition changed during the term of the contract. On August 25, 2026, at 7:49 a.m., the surveyor observed unlicensed personnel (ULP)-B administer medications for R1. On August 25, 2026, at 9:12 a.m., licensed	0 920			

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0 920	Continued From page 14 assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they were unaware the contract needed to include the delineation of costs as their clients were on waivers. LALD/CNS-A stated they charged residents based on what the residents case manager approved on their waiver. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 920			
01620 SS=D	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 of services; (2) as needed based on changes in the resident's	01620			

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01620	Continued From page 15 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 the registered nurse (RN) conducted a comprehensive assessment within 14 days after admission for one of two residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a	01620			

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01620	Continued From page 16 limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 was admitted to the licensee on August 7, 2026. R1's Service Plan dated August 6, 2026, indicated R1 received services for medication and treatment administration, bathing, hygiene/grooming assistance, dressing, continence assistance, personal laundry, housekeeping/linens change, food/meal preparation, and behavioral needs. R1's initial RN Comprehensive Assessment was completed on August 7, 2026. R1 did not have any additional assessments. On August 25, 2026, at 7:49 a.m., the surveyor observed unlicensed personnel (ULP)-B administer medications for R1. On August 25, 2026, at 9:12 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1's initial assessment was completed on August 7, 2026, and they should have had a 14-day assessment completed by August 21, 2026. The licensee's Resident Assessment and Reassessments policy dated July 29, 2026, indicated: "14-Day Reassessment - The RN will reassess and monitor the resident no later than 14 calendar days after services begin. The service plan will be finalized and updated as needed based on the assessment."	01620			

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01620	Continued From page 17 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620			
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (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 revise and obtain a resident or resident representative's signature documenting a change of services to be provided for three of three residents (R1, R2, R3).	01640			

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01640	Continued From page 18 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: R1 R1 was admitted to the licensee on August 7, 2026. R1's Service Plan dated August 6, 2026, and signed August 10, 2026, which was completed upon admission, indicated R1 received services for medication and treatment administration, bathing, hygiene/grooming assistance, dressing, continence assistance, personal laundry, housekeeping/linens change, food/meal preparation, and behavioral needs. R1's Service Recap Summary dated August 25, 2026, indicated R1 received services for toileting reminders, escort/mobility assistance, position/repositioning, activity assistance, meal assistance, manage behavior (anxiety, agitation, repetitive, verbal, other mental health need, wandering), dressing, grooming, housekeeping-heavy, incontinence care, vital signs (blood pressure, oxygen saturation, pulse, respiration, temperature, weight), nail care, bathing assistance-shower or bath medication administration, and laundry-personal. The service recap summary did not match the signed service plan from August 10, 2026.	01640			

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01640	Continued From page 19 On August 25, 2026, at 7:49 a.m., the surveyor observed unlicensed personnel (ULP)-B administer medication for R1. R2 R2 was admitted to the licensee on August 14, 2026. R2's Service Plan dated and signed August 14, 2026, completed upon admission, indicated R2 received services for medication and treatment administration, bathing, hygiene/grooming assistance, dressing, continence assistance, personal laundry, housekeeping/linens change, and food/meal preparation. R2's Service Recap Summary dated August 25, 2026, indicated R2 received services for manage behavior (anxiety, other mental health need, agitation, verbal aggression), transfer assistance, grooming, toileting, dressing, meal assistance, bedmaking, vital signs (blood pressure, oxygen saturation, pulse, respiration, temperature, weight), appointment assistance, arranging transportation-non-medical, housekeeping-heavy, bathing assistance-shower or bath, and medication administration. The service recap summary did not match the signed service plan from August 14, 2026. On August 25, 2026, at 7:08 a.m., the surveyor observed ULP-B administer medications for R2. R3 R3 was admitted to the licensee on August 7, 2026. R3's Service Plan dated and signed August 7, 2026, completed upon admission, indicated R3	01640			

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01640	Continued From page 20 received services for medication administration, blood sugar checks, daily blood pressure checks, bathing assistance, hygiene/grooming assistance, dressing assistance, continence assistance, personal laundry, housekeeping/linen change, food/meal preparation, and heart and kidney failure-accompany to appointments. R3's Service Recap Summary dated August 25, 2026, indicated R3 received services for manage behavior (property destruction, self-injurious, anxiety, agitation, verbal aggression, other mental health need, wandering), shopping assistance, orientation support, grooming, vital signs (blood glucose, blood pressure, oxygen saturation, pulse, respiration, temperature, weight), housekeeping-heavy, bathing assistance-shower or bath, laundry-personal, dressing, and medication administration. The service recap summary did not match the signed service plan from August 7, 2026. On August 25, 2026, at 7:23 a.m., the surveyor observed ULP-B administer medications for R3. On August 25, 2026, at 12:27 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the service plans for R1, R2 and R3 had been signed upon admission. LALD/CNS-A stated the signed service plan for R1, R2 and R3 do not match current services received as they had not been updated to match the current services provided. The licensee's Resident Service Plan policy dated July 29, 2029, indicated: "1. Initial Service Plan - Before services begin, the RN will complete the required assessment and develop a temporary service plan when necessary. A temporary service plan may not	01640			

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01640	Continued From page 21 remain in effect for more than 72 hours. 2. Final Service Plan -A current written service plan will be completed no later than 14 calendar days after services begin. The resident and facility will sign or otherwise authenticate the plan to document agreement with the services provided. 3. Service Plan Content - The service plan will include, as applicable: - o Services to be provided; - o Frequency of each service; - o Fees for each service; - o Staff or staff category responsible for providing services; - o Schedule and method for monitoring the resident; - o Schedule and method for monitoring staff providing services; and - o A contingency plan for missed services, emergencies, significant changes in condition, and emergency contacts. 4. Implementation - Staff will provide services according to the current service plan. Staff providing resident services will be informed of the current plan and any changes. 5. Revisions - The service plan will be reviewed and revised when the resident's needs, condition, preferences, services, or fees change. Any change in services or fees will be communicated to the resident and documented in the resident record." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			
02290 SS=F	144G.91 Subd. 2 Legislative intent	02290			

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02290	Continued From page 22 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 condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee limited the rights of residents when the licensee required residents follow restricted visiting hours for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), 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 was admitted to the licensee on August 7, 2026. R1's Resident Contract for Assisted Living signed August 10, 2026, indicated, "Visitors. You are free to receive visitors at times of your choosing during designated hrs. The Community does have restricted visiting hours from 9am to 9pm. You are responsible for the behavior of your guests while at the Community. All visitors are expected to follow the Community's visitor policies." The licensee's blank Resident Contract for Assisted Living, undated, "Visitors. You are free to	02290			

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02290	Continued From page 23 receive visitors at times of your choosing during designated hrs. The Community does have restricted visiting hours from 9am to 9pm. You are responsible for the behavior of your guests while at the Community. All visitors are expected to follow the Community ' s visitor policies." On August 24, 2026, at 10:30 a.m., the surveyor observed a sign posted at the front door which indicated, "Visiting Hours 9:00 AM to 8:00 PM." On August 24, 2026, at 11:23 a.m., during the facility tour, the surveyor observed a second sign at the receptionist's desk which indicated, "Visiting Hours 9:00 AM to 8:00 PM." Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated residents were allowed to have visitors outside of the posted hours but they must be preplanned visits. LALD/CNS-A stated visiting hours were restricted due to morning and bedtime care. On August 24, 2026, at 12:49 p.m., LALD/CNS-A stated they were unaware they were required to allow residents visitors at any time without preplanning. LALD/CNS-A stated all residents signed the same contract as R1 and the blank contract. The licensee's Visiting Hours and Visitor Policy dated July 29, 2026, indicated: "1. General Visiting Hours - General visiting hours are 9:00 AM to 8:00 PM. Visitors are encouraged to visit during these hours. 2. Resident Right to Visitors - Residents may receive visitors at any time, including outside general visiting hours, consistent with resident rights under Minnesota Statutes § 144G.91." No further information was provided.	02290			

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02290	Continued From page 24	02290			
02350 SS=D	144G.91 Subd. 7 Courteous treatment Residents have the right to be treated with courtesy and respect, and to have the resident's property treated with respect This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of four residents (R1) were treated with dignity and respect when the licensee lacked appropriate interventions and allowed a resident's room to have an on-going odor of strong urine. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was admitted to the licensee on August 7, 2026. R1's Service Plan dated August 6, 2026, and signed August 10, 2026, indicated R1 received services for medication and treatment administration, bathing, hygiene/grooming assistance, dressing, continence assistance,	02350			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD MEADOW ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1744 COUNTY RD D EAST MAPLEWOOD, MN 55119		
(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
02350	Continued From page 25 personal laundry, housekeeping/linens change, food/meal preparation, and behavioral needs. R1's Service Recap Summary for August 2026, indicated R1 received toileting reminders, incontinence care, and bathing assistance on the following dates: -bathing assistance; administered on August 8-24; -incontinence care; administered on August 8-24; and -toileting reminder; administered on August 8-24. On August 24, 2026, at 11:23 a.m., during the facility tour with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, the surveyor walked past R1's room whose door was closed. The surveyor noticed a strong smell of urine, even with the door closed, in the hallway. On August 24, 2026, at 12:45 p.m., the environmental engineer (EE) surveyor reported they noticed a strong odor of urine while outside of R1's closed room door as well as once they were inside the room; they reported this without prompting from the rest of the survey team. On August 25, 2026, at 7:49 a.m., the surveyor observed unlicensed personnel (ULP)-B complete vital signs and medication administration for R1. Upon entering the room, the first thing noticed by the surveyor was an extremely pungent odor of urine which caused a gagging reflex from the surveyor. The surveyor opened the lid of a white garbage can in R1's living space which contained a heavily soiled brief. ULP-B stated R1's room always smelled of urine due to R1's incontinence. The surveyor observed an air freshener approximately six by six inches in size on the room's heating and cooling register. The surveyor	02350			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD MEADOW ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1744 COUNTY RD D EAST MAPLEWOOD, MN 55119		
(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
02350	Continued From page 26 observed an air purifier, which was plugged into the wall, on an end table next to the chair R1 was sitting in. On August 25, 2026, at 9:45 a.m., the surveyor observed R1's garbage again which still contained the same soiled brief. On August 25, 2026, at 9:53 a.m., ULP-B stated R1's room did have a pungent urine odor. ULP-B stated R1 refused scheduled showers quite often. ULP-B stated R1 was often wet when they checked on them for incontinence care and toileting; ULP-B stated R1 almost never goes on the toilet when they toilet them. The surveyor questioned their procedure for removing garbage after incontinence care. ULP-B stated they only empty a resident's garbage at the end of their shift unless the resident had a bowel movement (BM) in their brief in which case they would remove the garbage immediately. ULP-B stated a urine soiled brief would not prompt the removal of the garbage. ULP-B stated there was an air purifier in R1's room to try and help with the smell. ULP-B stated they try to open the window to air out the room as well. On August 25, 2026, at 9:56 a.m., the surveyor questioned LALD/CNS-A what was the first thing they would notice when they walked into R1's room. LALD/CNS-A stated the first thing they would notice was the smell of urine. LALD/CNS-A stated they encouraged R1 to use the toilet but R1 sometimes refused help. LALD/CNS-A stated they R1 was almost always wet when they checked R1's brief which they did every two hours. LALD/CNS-A stated ULPs were instructed to remove the residents' garbage at the end of their shift. LALD/CNS-A stated the exception would be to remove the garbage if there were a	02350			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD MEADOW ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1744 COUNTY RD D EAST MAPLEWOOD, MN 55119		
(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
02350	Continued From page 27 BM in a brief. LALD/CNS-A stated they encourage toileting and bathing as much as they could but R1 often refused. The surveyor explained R1's service log made it appear as though R1 was accepting toileting, incontinence care, and bathing assistance every time it was offered. LALD/CNS-A stated staff needed to be reeducated on documentation and to document if the resident declined. On August 25, 2026, at 11:45 a.m., the surveyors had been sitting outside of R1's room at a table in the commons area for the entirety of the survey approximately seven to ten feet away from the entrance of R1's room door; the odor could be smelled even when the door was closed. When staff opened R1's room door the smell became more pungent and traveled even further. On August 25, 2026, at 12:22 p.m., ULP-B stated they documented services were completed even if they were declined because the task for them as the ULP (to offer the service) was completed. ULP-B stated they were unsure how to document services, if they should document when they checked, or if they should document if a resident declined the service. The licensee's Toileting and Activities of Daily Living (ADLs) policy dated July 29, 2026, indicated: "8. Refusal of Care - Residents have the right to refuse care or services. Staff will respect the refusal, explain potential consequences when appropriate, notify the RN/supervisor when necessary, and document the refusal according to facility policy." No further information was provided.	02350			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40517	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD MEADOW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1744 COUNTY RD D EAST MAPLEWOOD, MN 55119			
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02350	Continued From page 28 TIME PERIOD FOR CORRECTION: Seven (7) days	02350			



Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info	License Info	Inspection Info
Maplewood Meadow Assisted Living 1744 County D East Maplewood, MN 55109 Ramsey County Parcel:	License: HFID 40517 Risk: License: Expires on: CFPM: CFPM #: ; Exp:	Report Number: F1013261049 Inspection Type: Follow-up - Single Date: 8/25/2026 Time: 1:51:37 PM Duration: minutes Announced Inspection: <u>Total Priority 1 Orders: 1</u> <u>Total Priority 2 Orders: 2</u> <u>Total Priority 3 Orders: 2</u> <u>Delivery:</u>

Previous Order: 2-100 Supervision

2-102.12AMN Priority Level: Priority 3 CFP#: 2

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

COMMENT: NO MN CFPM IS EMPLOYED AT THE FACILITY. THE OPERATOR HAD A CURRENT SERV-SAFE CERTIFICATE, BUT NO MN CFPM. COMPLY WITH RULE. THE MN CFPM INFORMATION WAS PROVIDED.

Comply By: 10/26/2026 Originally Issued On: 8/24/2026

! Previous Order: 2-200 Employee Health

2-201.11C Priority Level: Priority 1 CFP#: 3

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

COMMENT: NO EMPLOYEE ILLNESS LOG WAS AVAILABLE. COMPLY WITH RULE. THE MDH ILLNESS LOG WAS PROVIDED.

Comply By: 8/24/2026 Originally Issued On: 8/24/2026

Previous Order: 2-500 Cleanup of Vomiting and Diarrheal Events

2-501.11 Priority Level: Priority 2 CFP#: 5

MN Rule 4626.0123 Provide employees with procedures to follow for cleanup of vomit or fecal matter in the establishment. The procedures must minimize the spread of contamination to food and surfaces within the facility, and minimize the exposure of employees and consumers to contamination.

COMMENT: NO PROCEDURE FOR CLEANUP OF VOMIT OR FECAL INCIDENTS WAS AVAILABLE. STAFF WERE UNAWARE OF A POLICY. COMPLY WITH RULE. DISCUSSED CLEANING PROCEDURES WITH STAFF. MDH GUIDANCE PROVIDED.

Comply By: 8/27/2026 Originally Issued On: 8/24/2026

Previous Order: 3-500C Microbial Control: date marking

3-501.17A Priority Level: Priority 2 CFP#: 23

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.

COMMENT: READY-TO-EAT TCS FOOD PREPARED AT THE FACILITY MORE THAN 1 DAY PRIOR WERE NOT DATE MARKED: PIZZA, COOKED CHICKEN. COMPLY WITH RULE. DISCUSSED DATE MARKING PROCEDURES WITH STAFF AND REQUESTED THE FOOD BE DATE MARKED.

Comply By: 8/24/2026 Originally Issued On: 8/24/2026

Previous Order: 4-200 Equipment Design and Construction

4-201.11AMN *Priority Level: Priority 3 CFP#: 47*

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

COMMENT: TWO IN-USE RICE COOKERS WERE NOT ANSI CERTIFIED AND LABELED FOR HOUSEHOLD USE ONLY. COMPLY WITH RULE. PER THE OPERATOR AN ANSI CERTIFIED COMMERCIAL RICE COOKER WAS PURCHASED AND IS AVAILABLE.

Comply By: 8/24/2026 Originally Issued On: 8/24/2026

Food & Beverage General Comment

No onsite inspection was completed. The operator emailed pictures of the facility's food probe thermometer and cold holding temperatures in the 2 door cooler. Orders for MN Rules 4626.0395 and 4626.0705 were cleared.

Continue to monitor TCS food holding temperatures in the refrigerators and freezers.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1013261049 from 8/25/2026

Jerry Malloy

Maixia Vang
Operator

Jerry Malloy,
Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info	Inspection Info
Maplewood Meadow Assisted Living	Report Number: F1013261049
	Inspection Type: Follow-up
	Date: 8/25/2026
Maplewood	Time: 1:51:37 PM

Food Temperature: **Product/Item/Unit:** Fruit; **Temperature Process:** Cold-Holding
Location: 2 door cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL40517001-0	Date: August 24, 2026
Facility Name: Maplewood Meadows Assisted Living	
Facility Address: 1744 County Road D E, Maplewood, MN 55109	

☒ TAG IDENTIFICATION: 0810

SCOPE/ SEVERITY: Level 2; Pattern

TIME PERIOD OF CORRECTION: Twenty One (21) days

1. 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 FSEP did not have a section that directed residents on their actions to take during a fire or similar emergency.
2. 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: Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A lacked documentation that staff received training at time of hire. LALD/CNS-A did provide a training schedule for future date for staff training.