



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 15, 2026

Licensee
Carefirst Assisted Living LLC
1909 Field Ave
Saint Paul, MN 55116

RE: Project Number(s) SL41561001

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 18, 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>

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 MDH 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>.

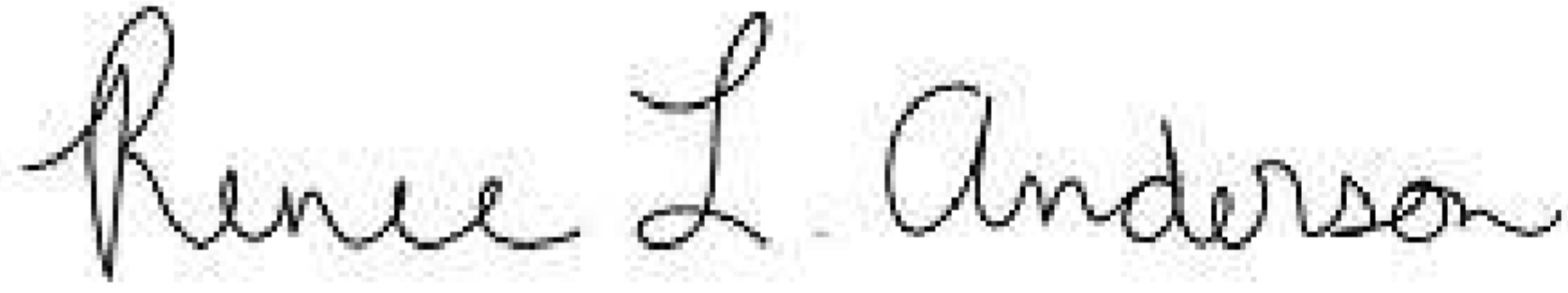
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,

A handwritten signature in cursive script that reads "Renee L. Anderson". The signature is written in black ink on a white background.

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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41561	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/18/2026
NAME OF PROVIDER OR SUPPLIER CAREFIRST ASSISTED LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1909 FIELD AVE SAINT PAUL, MN 55116		
(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: SL41561001-0 On August 17, 2026, through August 18, 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 was one resident; one receiving services under the Provisional 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.		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma	0 630			

Minnesota Department of Health

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

TITLE

(X6) DATE

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0 630	Continued From page 1 (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 self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content 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, 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 was admitted on April 13, 2026, with diagnoses of type 2 diabetes mellitus, post-traumatic stress disorder (PTSD), asthma (a lung disease), chronic pain syndrome, and depression. R1's Service Plan signed April 13, 2026, indicated R1 received services including assistance with	0 630			

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0 630	Continued From page 2 housekeeping, meals, laundry, blood glucose monitoring, and medication management. R1's Individual Abuse Prevention Plan (IAPP) dated July 10, 2026, identified statements of the specific measures to be taken to minimize R1's susceptibility of abuse from individuals including other vulnerable adults, but lacked the required statements related to R1's risk of abusing other vulnerable adults. On August 18, 2026, at 9:50 a.m., clinical nurse supervisor (CNS)-B reviewed R1's IAPP and stated she thought the IAPP assessment included R1's risk of abusing others, however, upon review of IAPP and the electronic health record, could not locate that portion of the assessment. The licensee's Vulnerable Adult policy dated August 25, 2025, identified "2. The assisted living employee has responsibility for the following: a. Assessment of vulnerability status of each resident upon admission. Susceptibility to abuse includes self abuse and neglect and risk of abuse by other individuals, including other vulnerable adults, in the following areas: 1) Physical 2) Verbal (emotional/psychosocial) 3) Sexual 4) Financial Exploitation 5) Self Abuse b. The resident's risk of abusing other vulnerable adults within the residence shall be assessed. c. The vulnerable adult status assessment shall be documented in the clinical record. d. An individual abuse prevention plan shall be established for each vulnerable minor or adult for whom assisted living services are provided." No further information was provided.	0 630			

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0 630	Continued From page 3	0 630			
0 680 SS=F	TIME PERIOD FOR CORRECTION: Seven (7) 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 observation, interview, and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect	0 680			

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0 680	Continued From page 4 all residents receiving services under the provisional assisted living license, 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: The licensee's undated EPP lacked the following required content: -policies and procedures for arrangements with other facilities. On August 18, 2026, at 10:05 a.m., licensed assisted living director (LALD)-A and house manager/unlicensed personnel (HM/ULP)-C stated the licensee was not aware of the requirement to have a documented arrangement with another facility in the case of an emergency, and was still working on updating their EPP to be compliant with state requirements. HM/ULP-C verified the plan lacked the following: -policies and procedures for arrangements with other facilities. The licensee's Emergency Preparedness policy dated August 25, 2021, indicated, "[Licensee] will have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services. The plan considers the organization's commitment to provide services while ensuring	0 680			

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0 680	Continued From page 5 the safety of its employees and residents. [Licensee] will implement the Emergency Management program* as soon as the agency becomes aware of the existence of an emergency." Minnesota Administrative Rule 4659.0100 dated August 11, 2021, indicated assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.72, or successor requirements. This part referenced documents, specifications, methods, and standards in State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types: Interpretive Guidance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
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 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	01760			

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01760	Continued From page 6 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 medications were documented as administered as prescribed, or the reason why medication administration was not completed as prescribed, by not accurately transcribing orders 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, 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 on April 13, 2026, with diagnoses including type 2 diabetes mellitus, post-traumatic stress disorder (PTSD), asthma (a lung disease), chronic pain syndrome, and depression. R1's Service Plan signed April 13, 2026, indicated R1 received services including housekeeping, meals, laundry, blood glucose monitoring, and medication management. On August 17, 2026, at 10:55 a.m., the surveyor observed LALD-A assist R1 with medication administration. R1's record included Physician Standing Orders signed May 6, 2026, indicating the following PRN	01760			

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01760	Continued From page 7 (as needed) medications were to be available for R1: "4. OTC antacid (for heartburn or gastric distress) po (oral) every 4 hours PRN heartburn or epigastric distress: May use Tums, Roloids or Maalox according to label directions. 5. Acetaminophen (for pain or fever) 650 mg tablet or suppository every 4 hours PRN for temp over 99.9 degrees or pain. 6. OTC cough drops, Robitussin or Tussex po every 4 hours PRN cough according to label directions. 7. OTC antidiarrheal medication po after each loose stool PRN: May {sic} use Imodium {sic} according to label directions. Notify physician if diarrhea persists for longer than 48 hours. 8. OTC laxative po or suppository every day PRN constipation: May use MOM (Milk of Magnesia) or glycerin suppository (for constipation) according to label directions. 9. Antibiotic ointment and dressing to minor cuts and scrapes. 10. Transparent dressing to skin tears or abrasions. 11. Narcan (reverses the effects of an opioid overdose): At first, 4 mg (1 spray) into one nostril. Another spray may be given into the other nostril alternating every 2 to 3 minutes until the resident recovers or until emergency medical assistance is onsite." Also, included, "If any of the interventions are used for more than 72 consecutive hours or used more than 2 times in a 7 day period, a specific physician's order must be obtained." R1's medication administration record (MAR), dated August 2026, lacked transcription of the following medications ordered to be available PRN: -OTC cough drops, Robitussin or Tussex po	01760			

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01760	Continued From page 8 every 4 hours PRN cough according to label directions; -OTC antidiarrheal medication po after each loose stool PRN: May use Immodium (for diarrhea) according to label directions. Notify physician if diarrhea persists for longer than 48 hours; -OTC laxative po or suppository every day PRN constipation: May use MOM or glycerin suppository according to label directions; and -Narcan: At first, 4 mg (1 spray) into one nostril. Another spray may be given into the other nostril alternating every 2 to 3 minutes until the resident recovers or until emergency medical assistance is onsite. On August 18, 2026, at 10:33 a.m., clinical nurse supervisor (CNS)-B stated, the standing orders for as needed medications signed by the provider were not all added to R1's MAR. CNS-B verbalized she agreed these medications needed to be added to the MAR and be available for R1 when needed, and planned to get all of the signed standing medication orders added to R1's MAR. The licensee's Prescriber's Orders policy, dated August 25, 2025, indicated, "Procedure: 1. Written orders from an authorized prescriber will be obtained for all medications and treatments with which the assisted living facility assists residents, including over the counter medications. 2. Verbal orders may be accepted by a nurse who records and signs the order and then forwards it to the prescriber for signature no later than seven days after receipt of the verbal order. 3. Telephone, facsimile, or computer-generated orders will be kept confidential. An order received by facsimile must have been signed by the prescriber and a durable copy placed in the	01760			

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01760	Continued From page 9 clinical record by assisted living staff. 4. All orders must be signed and dated by the prescriber. If the prescriber omitted a date, the facility will date the order when received from the prescriber. 5. Medication orders will include the name of the medication, dosage, and directions for use. 6. The Registered Nurse is responsible for implementing medication and treatment orders or for delegating the orders to the appropriate paraprofessional. 7. Medication and treatment orders will be renewed at least every year or when changes occur." The licensee's Medication Documentation policy, dated August 25, 2025, indicated, "For PRN medications, documentation will include, when appropriate, the reason for the medication and follow-up to determine its effectiveness." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01790 SS=D	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and	01790			

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01790	Continued From page 10 (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the	01790			

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01790	Continued From page 11 completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. 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) trained and determined the unlicensed staff was competent to provide medications for unplanned time away when the licensed nurse was not available, for one of two employees (licensed assisted living director (LALD)-A). 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: LALD-A was hired on May 13, 2025, and provided direct care and services to the licensee's residents. On August 17, 2026, at 10:55 a.m., the surveyor observed LALD-A assist R1 with medication administration.	01790			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41561	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/18/2026
NAME OF PROVIDER OR SUPPLIER CAREFIRST ASSISTED LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1909 FIELD AVE SAINT PAUL, MN 55116		
(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
01790	Continued From page 12 LALD-A's employee record lacked evidence of training and competency for providing medications for unplanned time away when the RN was not available. On August 17, 2026, at 9:45 a.m., clinical nurse supervisor (CNS)-B stated the licensee had a policy with procedures that unlicensed personnel (ULPs) should follow when medications were to be taken while a resident was away from home. CNS-B verbalized there have been times when residents do take medications with them to be taken away from home, but she had not yet completed or documented this training and competency for the employees. CNS-B verbalized she planned to implement this training with all employees. The licensee's Medication Management Plan for Residents Away from Home policy, dated August 25, 2025, indicated, "2. For unplanned times away from home for temporary periods when an adequate medication supply cannot be obtained from the pharmacy or set up by the Registered Nurse in a timely manner, the Registered Nurse may delegate to an unlicensed personnel (home health aide) to provide the medications based on the following a. The RN has trained the home health aide and determined the home health aide competency to follow procedures for giving medications to residents." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790			



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

CAREFIRST ASSISTED LIVING LLC
1909 FIELD AVE
St Paul, MN 55116
Ramsey County
Parcel:

Phone:

License Info

License: HFID 41561

Risk:
License:
Expires on:
CFPM: Ahmed H. Warsame
CFPM #: 58828; Exp: 05/17/2028

Inspection Info

Report Number: F1021261230
Inspection Type: Full - Single
Date: 8/18/2026 Time: 10:35:33 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

Inspection conducted with Director, Ahmed Warsame and Manager, Abdifatah Mohamoud. Health Regulation Division Nurse Evaluators, Sara Freking and Dede Hinnendael were onsite during inspection.

This facility is a residential home. They currently have 1 client and the facility can accommodate up to 5 clients.

Food is prepared for same day service, and any leftovers are discarded at the end of service. The client's has personal food stored separately and properly labeled in the kitchen refrigerator.

A two basin sink is located in the kitchen. One basin is designated for hand washing.

Temperature indicator was on site, and a log is kept showing that the dishwasher provides a utensil surface temperature of 160F or above.

The kitchen currently has residential equipment and residential finishes. These items will be monitored during future inspections to ensure they remain in good working condition.

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 F1021261230 from 8/18/2026

Melissa Ramos

Ahmed Warsame
Director

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



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

Temperature Observations/Recordings

Page: 1

Establishment Info

CAREFIRST ASSISTED LIVING LLC
St Paul
County/Group: Ramsey County

Inspection Info

Report Number: F1021261230
Inspection Type: Full
Date: 8/18/2026
Time: 10:35:33 AM

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

Location: LG Kitchen Refrigerator at 40 Degrees F.

Comment:

Violation Issued?: No

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

Location: LG Kitchen Refrigerator at 41 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** LG Kitchen Refrigerator ; **Temperature Process:** Ambient Air

Location: Kitchen at 40 Degrees F.

Comment:

Violation Issued?: No



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St Paul, MN 55164

Sanitizer Observations/Recordings

Page: 1

Establishment Info

CAREFIRST ASSISTED LIVING LLC
St Paul
County/Group: Ramsey County

Inspection Info

Report Number: F1021261230
Inspection Type: Full
Date: 8/18/2026
Time: 10:35:33 AM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Kitchen **Equal To** 160 Degrees F.

Comment: Establishment maintains records for the residential dishwasher in a binder. The most recent sticker is dated 08/15/26 and indicates that the dishwasher is reaching a temperature of 160F. Per discussion with the director, the dish machine is tested weekly.

Violation Issued?: No