DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF PROVISONAL CONDITIONAL LICENSE

Electronic Delivery

February 9, 2026

Licensee
Universal Health Care Solutions LLC
124 Valley High Road
Burnsville, MN 55337

RE: Initial License Number 415871
Health Facility Identification Number (HFID) 40284
Project Number(s) SL40284015

Dear Licensee:

On December 31, 2025, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed July 18, 2025. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective February 9, 2026.

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.

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.

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

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF EXTENSION OF CONDITIONAL LICENSE

Electronically Delivered

December 29, 2025

Licensee
Universal Health Care Solutions LLC
124 Valley High Road
Burnsville, MN 55337

RE: Conditional License Number 415871
Health Facility Identification Number (HFID) 40284
Project Number(s) SL40284015

Dear Licensee:

On October 8, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on July 18, 2025. Based on the follow-up survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.20, MDH is extending the conditional assisted living facility license for an additional 60-days, due to expire on **February 27, 2026**.

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.

The total amount of **potential** fines that may be assessed related to these correction orders is $1,000.00. **MDH is not imposing these fines against your license at this time.**

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on July 18, 2025, found not corrected at the time of the October 8, 2025,

follow-up survey and/or subject to penalty assessment are as follows:

0775 - Fire Protection And Physical Environment - 144g.45 Subd. 2. (a) - $1,000.00

The details of the violations noted at the time of this follow-up survey completed on October 8, 2025 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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.

CONDITIONAL LICENSE ISSUED:
MDH will extend the conditional assisted living facility license for Universal Health Care Solutions LLC, for an additional 60 calendar days from the date of this notice. At an unannounced point in time, within the 60 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Universal Health Care Solutions LLC is in substantial compliance.

The following conditions will continue to be in effect on the conditional assisted living facility license:

a. **Health Facility Construction Permit:** If not already done, Universal Health Care Solutions LLC, will contact The Minnesota Department of Labor and Industry (MNDLI) or City with delegated authority to review and inspect State Licensed Facilities in accordance with Minn. Stat. § 326B.103, Subd. 13 and obtain a construction permit for a health facility. Within 21-days from the date of this notice, Universal Health Care Solutions LLC, will provide MDH with a copy of the permit obtained from MNDLI or City with delegated authority.

b. **General Contractor:** If not already done, Universal Health Care Solutions LLC must provide the following to Benjamin Zwart, Benjamin.Zwart@state.mn.us via email within 21-days of the date of this notice:
    i. Name
    ii. License Number
    iii. Contact Information

c. **Egress Window Requirements:** Universal Health Care Solutions LLC will replace at least one window in occupied resident sleeping rooms one and three, and unoccupied resident sleeping room two, meeting the minimum size requirements.
    i. Must have a minimum openable width of no less than 20 inches
    ii. Must have a minimum openable height of no less than 20 inches
    iii. Must have a total openable area of no less than 648 square inches (4.5 square feet)
    iv. Must have a windowsill height of no more than 48 inches from the floor to the clear opening

v. All measurements must be achieved under normal operation of opening window without the use of a key, tool or special knowledge

d. **Corrective Action Plan:** Universal Health Care Solutions LLC will continue to develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
   i. A statement of the concern
   ii. A description of what will happen to correct the concern
   iii. A target date for when each correction will be complete
   iv. Who is responsible to make sure it happens
   v. Current status of correction work
   vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:
MDH will determine if Universal Health Care Solutions LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 60-day conditional license period. If MDH determines Universal Health Care Solutions LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Universal Health Care Solutions LLC's assisted living facility license, and Universal Health Care Solutions LLC will correct any outstanding violations identified during the survey. If Universal Health Care Solutions LLC is not in substantial compliance on the follow-up survey, MDH may take additional enforcement action, up to and including immediate temporary suspension and revocation, as authorized by Minn. Stat. § 144G.20.

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 Benjamin Zwart directly at: 651-201-3715 or email at: Benjamin.Zwart@state.mn.us.

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40284	A. BUILDING: _____ B. WING _____	R 10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE SOLUTIONS LLC	124 VALLEY HIGH ROAD BURNSVILLE, MN 55337

(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 FOLLOW UP SURVEY WITH RE-ISSUE OF ORDERS INITIAL COMMENTS SL40284015-1 On October 8, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on July 18, 2025. At the time of the survey, there were 3 residents; 2 receiving services under the Assisted Living license. As a result of the follow-up survey, the following orders were issued and/or reissued.	{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.	
{0 180} SS=F	144G.16 Subd. 2 Initial survey (a) During the provisional license period, the	{0 180}		

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{0 180}	Continued From page 1 commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident. (b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner. (c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply. (d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits. This MN Requirement is not met as evidenced by:	{0 180}	Not reviewed during this survey.	
{0 550} SS=C	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman	{0 550}		

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{0 550}	Continued From page 2 for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by:	{0 550}	Not reviewed during this survey.	
{0 660} SS=D	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:	{0 660}	Not reviewed during this survey.	

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{0 775}	Continued From page 3	{0 775}		
{0 775} SS=I	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 and interview, the licensee failed to comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all residents, staff, and visitors. 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: During facility tour on October 8, 2025, from 3:58 p.m. through 4:14 p.m. with unlicensed personnel (ULP)-C, it was observed that compliant emergency escape and rescue openings were not provided in resident sleeping rooms one, two and three. ULP-C and the surveyor entered occupied resident room three and ULP-C opened the window for measurement. Emergency escape and rescue clear window opening measurements were 27 ¾ inches wide, 22 ½ inches in height and 624 square inches in openable area. The window was measured with ULP-C, and the surveyor. The window did not meet the minimum	{0 775}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{0 775}	Continued From page 4 requirements for clear opening area. ULP-C and the surveyor entered unoccupied resident room two and ULP-C opened the window for measurement. Emergency escape and rescue clear window opening measurements were 27 ¾ inches wide, 22 ½ inches in height and 624 square inches in openable area. The window was measured with ULP-C, and the surveyor. The window did not meet the minimum requirements for clear opening area. ULP-C and the surveyor entered occupied resident room one and ULP-C opened the window for measurement. Emergency escape and rescue clear window opening measurements were 27 ¾ inches wide, 22 ½ inches in height and 624 square inches in openable area. The window was measured with ULP-C, and the surveyor. The window did not meet the minimum requirements for clear opening area. State Fire Code in Minnesota Rules, chapter 7511 requires at least one compliant emergency escape and rescue opening within each resident sleeping room. Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. Windowsill height shall not be more than 48 inches from the floor to the clear opening. The window measurements were the same as during the initial survey and ULP-C was unsure if any work had been done to the windows. During the tour ULP-C called licensed assisted living director (LALD)-A on the phone but did not receive an answer. Surveyor left a business card and asked for a phone call from LALD-A.	{0 775}		

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{0 775}	Continued From page 5 On October 10, 2025, at 12:44 p.m. LALD-A called the surveyor. LALD-A stated that they had hired a contractor who had ordered the windows and applied for a building permit to install new windows. LALD-A stated that the windows are expected to arrive at the end of the month. LALD-A verified that no work had been done, and they understood the requirement.	{0 775}		
{0 780} SS=D	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;	{0 780}		

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{0 780}	Continued From page 6 This MN Requirement is not met as evidenced by:	{0 780}	Not reviewed during this survey.	
{0 900} SS=E	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the	{0 900}		

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{0 900}	Continued From page 7 existing contract must be executed and signed. This MN Requirement is not met as evidenced by:	{0 900}	Not reviewed during this survey.	
{01530} SS=F	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under	{01530}		

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{01530}	Continued From page 8 paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by:	{01530}	Not reviewed during this survey.	

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

September 11, 2025

Licensee
Universal Health Care Solutions LLC
124 Valley High Road
Burnsville, MN 55337

RE: Provisional Conditional License Number 415871
Health Facility Identification Number (HFID) 40284
Project Number(s) SL40284015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 18, 2025, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 90 days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **December 10, 2025.**

CONDITIONAL LICENSE ISSUED:
MDH will issue Universal Health Care Solutions LLC a conditional provisional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Universal Health Care Solutions LLC is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

a. **Health Facility Construction Permit:** Universal Health Care Solutions LLC, will contact The Minnesota Department of Labor and Industry (MNDLI) or City with delegated authority to review and inspect State Licensed Facilities in accordance with Minn. Stat. § 326B.103, Subd. 13 and obtain a construction permit for a health facility. Within 21-days from the date of this notice, Universal Health Care Solutions LLC, will provide MDH with a copy of the permit obtained from MNDLI or City with delegated authority.

b. **General Contractor:** Universal Health Care Solutions LLC must provide the following to Tim Hanna, Tim.Hanna@state.mn.us via email **within 21-days of**

the date of this notice:

i. Name
ii. License Number
iii. Contact Information

c. **Egress Window Requirements:** Universal Health Care Solutions LLC will replace at least one window in occupied resident sleeping rooms one and three and unoccupied resident sleeping room two, meeting the minimum size requirements.
   i. Must have a minimum openable width of no less than 20 inches
   ii. Must have a minimum openable height of no less than 20 inches
   iii. Must have a total openable area of no less than 648 square inches (4.5 square feet)
   iv. Must have a windowsill height of no more than 48 inches from the floor to the clear opening
   v. All measurements must be achieved under normal operation of opening window without the use of a key, tool or special knowledge

d. **Corrective Action Plan:** Universal Health Care Solutions LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
   i. A statement of the concern
   ii. A description of what will happen to correct the concern
   iii. A target date for when each correction will be complete
   iv. Who is responsible to make sure it happens
   v. Current status of correction work
   vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:
MDH will determine if Universal Health Care Solutions LLC is in substantial compliance based on the results of the follow up . MDH will make this determination within the 90-day conditional provisional license period. If MDH determines Universal Health Care Solutions LLC is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to Universal Health Care Solutions LLC. If MDH determines Universal Health Care Solutions LLC is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

REQUEST FOR RECONSIDERATION:
Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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 Tim Hanna directly at: 507-208-8982.

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40284	A. BUILDING: _____ B. WING _____	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HEALTH CARE SOLUTIONS LLC	124 VALLEY HIGH ROAD BURNSVILLE, MN 55337

(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: SL40284015-0 On July14, 2025, through July 18, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were three residents; three receiving services under the Provisional Assisted Living Facility license. An immediate correction order was identified on July 17, 2025, issued for SL40284015-0, tag identification 0775 at a level 3, widespread (I).	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.	
0 180 SS=F	144G.16 Subd. 2 Initial survey (a) During the provisional license period, the	0 180		

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0 180	Continued From page 1 commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident. (b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner. (c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply. (d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within two days of starting services. This had the potential to affect all residents residing at the assisted living 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 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect	0 180		

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0 180	Continued From page 2 a large portion or all of the residents). The findings include: The licensee was issued their provisional assisted living license on March 12, 2024. R2 admitted and assisted living services were first provided on January 22, 2025. R2's Service Plan (Waiver) - Addendum to Contract dated January 23, 2025, indicated R2 received services including assistance with bedmaking, escort/mobility assistance, housekeeping, linen changes, behavior management- anxiety, garbage removal, and medication administration. MDH records included the form titled, "Notice of Providing Assisted Living Services" was dated as signed by the authorized agent on January 27, 2025. According to the document, the licensee began providing services on January 22, 2025, (five days after the licensee began providing services.) The notice indicated there were currently two residents receiving assisted living services. On July 14, 2025, at 12:16 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated he had filed the notice of providing assisted living services late. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 180		

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0 550	Continued From page 3	0 550		
0 550 SS=C	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, the name of the individual responsible for handling resident grievances. This had the potential to affect the licensee's current residents, staff, and visitors. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on 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 potential to affect a large portion or all the residents). The findings include:	0 550		

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0 550	Continued From page 4 On July 14, 2025, at 11:45 a.m., the surveyor toured the facility and observed the posted complaint procedure on the wall in the entryway. The procedure included the mailing address, telephone number, fax number, and email for the individual responsible for handling grievances, but it lacked the individual's name. On July 14, 2025, at 11:55 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated the form lacked the name of whom to direct the grievances to. CNS/LALD-A indicated he was aware of the requirement and was not sure how that required information was missed from being on the form. The licensee's 2.09 Complaint/Grievance policy dated 2021, noted a facility complaint form should be filled out by the resident, resident representative, or employee and given to the supervisor of the department or to the assisted living director. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 550		
0 660 SS=D	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	0 660		

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0 660	Continued From page 5 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 interview and record review, the licensee failed to establish and 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 current two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test, for one of one employee (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: The licensee's Facility TB Risk Assessment dated January 25, 2025, indicated the licensee was a "low risk." ULP-B had a hire date of July 7, 2025.	0 660		

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0 660	Continued From page 6 ULP-B's record included a TB symptom screen dated January 3, 2025, July 5, 2025, and a negative TST dated January 6, 2025, and February 4, 2025. The record lacked evidence of TB testing upon hire or within 90 days prior to hire. On July 15, 2025, at 2:36 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated ULP-B's record did not include evidence TB testing had been completed upon hire or within 90 days of hire. CNS/LALD-A stated he thought TB screening and testing could be done within 6 months of hire was not aware it needed to be completed upon hire or within 90 days prior to hire. "Regulations for Tuberculosis Control in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the health care worker (HCW) starts working with patients. Baseline TB screening should be documented in the employee's record." The licensee's 8.16 Tuberculosis Screening policy dated October 20, 2021, indicated staff whose essential job functions require work within the same air space of home care clients will be screened and tested for tuberculosis prior to the staff being exposed to clients. Baseline (upon hire) screening will be completed. No further information was provided.	0 660		

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0 660	Continued From page 7 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 775 SS=I	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 and interview, the licensee failed to comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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: During facility tour on July 17, 2025, from 1:02 p.m. through 1:44 p.m. with licensed assisted living director (LALD)-A, it was observed that compliant emergency escape and rescue openings were not provided in resident sleeping rooms one, two and three. LALD-A and the surveyor entered occupied resident room one and LALD-A opened the window for measurement. Emergency escape	0 775		

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0 775	Continued From page 8 and rescue clear window opening measurements were 27 ¾ inches wide, 22 ½ inches in height and 624 square inches in openable area. The window was measured with LALD-A, and the surveyor. The window did not meet the minimum requirements for clear opening area. LALD-A and the surveyor entered unoccupied resident room two and LALD-A opened the window for measurement. Emergency escape and rescue clear window opening measurements were 27 ¾ inches wide, 22 ½ inches in height and 624 square inches in openable area. The window was measured with LALD-A, and the surveyor. The window did not meet the minimum requirements for clear opening area. LALD-A and the surveyor entered occupied resident room three and LALD-A opened the window for measurement. Emergency escape and rescue clear window opening measurements were 27 ¾ inches wide, 22 ½ inches in height and 624 square inches in openable area. The window was measured with LALD-A, and the surveyor. The window did not meet the minimum requirements for clear opening area. State Fire Code in Minnesota Rules, chapter 7511 requires at least one compliant emergency escape and rescue opening within each resident sleeping room. Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. Windowsill height shall not be more than 48 inches from the floor to the clear opening. LALD-A visually verified the deficient condition while accompanying on the tour and stated they	0 775		

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0 775	Continued From page 9 understood the requirement. TIME PERIOD FOR CORRECTION: Immediate.	0 775		
0 780 SS=D	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee	0 780		

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0 780	Continued From page 10 failed to provide smoke alarms that are interconnected so that the actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and 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) 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: During facility tour on July 17, 2025, from 1:02 p.m. through 1:44 p.m., licensed assisted living director (LALD)-A tested the smoke alarms, and the surveyor observed that the smoke alarms located in the basement outside resident sleeping rooms four and five were not interconnected with any other smoke alarms in the facility. LALD-A stated the alarms were smoke and carbon monoxide alarms and were installed for carbon monoxide detection. LALD-A stated that they did not know a smoke alarm was required outside resident sleeping rooms. Smoke alarms must be provided in each sleeping room and outside each separate sleeping area in the immediate vicinity of bedrooms. All dwelling units required to have multiple smoke alarms are required to have interconnected alarms so activation of one alarm activates all alarms within the dwelling unit. LALD-A verified the above findings while accompanying on the tour and stated they	0 780		

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0 780	Continued From page 11 understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
0 900 SS=E	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.	0 900		

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0 900	Continued From page 12 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract prior to providing assisted living services for two of three residents (R1, 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 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: R1 The licensee's resident roster dated July 14, 2025, identified R1 was admitted on June 5, 2025, with diagnoses that included pre-excitation syndrome (heart condition in which part of the cardiac ventricles are activated too early). R1's Service Plan (Waiver) - Addendum to Contract dated June 7, 2025, indicated R1 received services including assistance with activities, bathing assistance, bedmaking, deep room cleaning, dressing, drinking assistance, escort/mobility assistance, grooming, housekeeping, incontinence care, linen change, behavior management- anxiety, meal assistance, medication administration, positioning, blood pressure check, safety checks, and toileting. R1's service recap summary dated June 2025, indicated staff assisted with cares on June 5,	0 900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40284	A. BUILDING: _____ B. WING _____	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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0 900	Continued From page 13 2025. R1's Medication Administration Record (MAR) dated June 2025, indicated staff administered medications starting on June 5, 2025. R1's record contained an Assisted Living Contract dated as signed by R1 on June 7, 2025, two days after the licensee provided services to R1. R4 The licensee's resident roster dated July 14, 2025, identified R4 was admitted on June 5, 2025, with diagnoses that included bipolar (mental health disorder with extreme mood swings). R4's Service Plan (Waiver) - Addendum to Contract dated June 7, 2025, indicated R4 received services including assistance with activities, bathing reminders, deep room clean, grooming, housekeeping, behavior management, medication administration remove garbage, and safety checks. R4's service recap summary dated June 2025, indicated staff assisted with cares on June 5, 2025. R4's MAR dated June 2025, indicated staff administered medications starting on June 6, 2025. R4's record contained an Assisted Living Contract dated as signed by R4 on June 7, 2025, two days after the licensee provided services to R7. On July 15, 2025, at 1:38 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated R1 and R4's contracts were	0 900		

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0 900	Continued From page 14 not signed prior to providing services. CNS/LALD-A stated since both residents had come from a sister facility, he did not have them sign a new contract upon admission. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
01530 SS=F	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related	01530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40284	A. BUILDING: _____ B. WING _____	07/18/2025

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01530	Continued From page 15 to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct care staff received the required 2 hours of initial training on mental illness and de-escalation topics within 160 hours of start date for one of one employee (unlicensed personnel (ULP)-B). 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: ULP-B was hired July 7, 2025, and provided direct cares and services for residents of the facility.	01530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01530	Continued From page 16 On July 15, 2025, at 7:57 a.m., the surveyor observed ULP-B to work independently and administered medications to R1. ULP-B's record included documentation of the required eight hours of initial dementia care training completed July 7, 2025, but did not include the required two hours of initial training on mental illness and de-escalation topics within 160 hours of start date, effective July 1, 2025. On July 15, 2025, at 3:15 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated he was unaware of the mental illness and de-escalation training requirement that needed to be completed by July 1, 2025, and all staff would be lacking the training. The licensee's 5.03 Dementia Training policy dated revised January 1, 2025, indicated all staff were required to complete dementia training at the time of hire and annually thereafter. 3. Employees may not provide direct care until the training is complete unless another employee who has completed the initial training is present to provide assistance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		

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

Food & Beverage Inspection Report

Establishment Info

Universal Health Care Solution
124 Valley High Road
Burnsville, MN 55337
Parcel:

Phone:

License Info

License: HFID 40284

Risk:
License:
Expires on:
CFPM: Vincent O Mikaye
CFPM #: 108584; Exp: 11/03/2027

Inspection Info

Report Number: F1018251021
Inspection Type: Full - Single
Date: 7/14/2025 Time: 2:23:56 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

Establishment is a residential home health care facility with residential equipment.

All food prepared and served for same day service. No cooling or reheating of foods happens in the facility.

Establishment has a 2 compartment sink with one side for hand washing and one side for food preparation.

Establishment has a dishwasher with sanitize function available. Test strip indicated that appropriate temperature was achieved during the cycle.

Floors, walls, and ceilings were observed to be in good condition during the inspection and will be monitored through the years.

Equipment was observed to be in good condition during the inspection.

Physical facilities were observed to be in good condition during the inspection.

Establishment has a needle point thermometer for checking food temperatures while cooking.

Discussed pest control and employee illness.

Viewed illness log.

No orders issued.

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 F1018251021 from 7/14/2025

Rebecca Prestmoe

Vincent Mikaye
Manager

Rebecca Prestwood, REHS
Public Health Sanitarian 3
651-201-3777
rebecca.prestwood@state.mn.us