Electronically Delivered

February 12, 2026

Licensee
Friendship Court
1228 South Rice Street
Blue Earth, MN 56013

RE: Project Number(s) SL30633016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 28, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30633	A. BUILDING: _____ B. WING _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP COURT	1228 SOUTH RICE STREET BLUE EARTH, MN 56013

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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: SL30633016-0 On January 26, 2026, through January 28, 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 22 residents; 20 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.	
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment	0 550		

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0 550	Continued From page 1 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, information about the licensee's grievance procedure with the required content. This had the potential to affect the licensee's current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On January 26, 2026, at 11:30 a.m. during the	0 550		

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0 550	Continued From page 2 facility tour, the surveyor observed the main entry area and resident common areas of the building. In the living room was a counter with a three-slot tray containing blank grievance forms. Though there were blank grievance forms available, there was no posted facility grievance procedure to include the name, telephone number, and e-mail contact information for the individuals responsible for handling resident complaints. On January 26, 2026, at 11:37 a.m., clinical nurse supervisor (CNS)-B stated the content noted above was not posted as required. CNS-B stated the posting had been in the three-slot tray but was unable to find. The licensee's 2.10 Complaint/Grievance Posting policy dated revised November 1, 2023, identified the following: 1. The licensee would post, in a conspicuous place, information about the complaint/grievance procedure, and the name, telephone number, and email contact information for the individual(s) who are responsible for handling resident complaint/grievances. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550		
0 650 SS=E	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure,	0 650		

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0 650	Continued From page 3 registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for two of two employees (unlicensed personnel (ULP)-E, ULP-F). 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:	0 650		

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0 650	Continued From page 4 ULP-E began providing assisted living services on August 9, 2023. ULP-F began providing assisted living services on November 7, 2023. ULP-E and ULP-F's employee record lacked evidence of the following required content: - documentation of annual performance reviews that identify areas of improvement needed and training needs. On January 28, 2026, at 12:32 p.m., clinical nurse supervisor (CNS)-B stated ULP-E and ULP-F's employee records lacked the required content as noted above. The licensee's 4.05 Employee Records policy dated August 1, 2021, noted employee records for each person would include: - documentation of annual performance reviews that identify areas of improvement needed and training needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems	01440		

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01440	Continued From page 5 and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure direct supervision of staff performing delegated tasks was provided within 30 calendar days after the date on which the individual began working for the licensee for two of two employees (unlicensed personnel (ULP)-E, ULP-F). 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:	01440		

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01440	Continued From page 6 ULP-E was hired on August 9, 2023, to provide direct care services to residents at the assisted living. ULP-F was hired on November 7, 2023, to provide direct care services to residents at the assisted living. ULP-E and ULP-F's employee record lacked documentation of direct supervision of performing a delegated task within 30 days of providing services. On January 28, 2026, at 12:35 p.m., clinical nurse supervisor (CNS)-B stated the licensee had not completed a supervision for ULP-E or ULP-F, and was not aware of the requirement to do so. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
01460 SS=E	144G.63 Subdivision 1 Orientation of staff and supervisors (a) All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility, except as provided in paragraph (b). (b) A staff person is not required to repeat the orientation required under subdivision 2 if the staff person transfers from one licensed assisted	01460		

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01460	Continued From page 7 living facility to another facility operated by the same licensee or by a licensee affiliated with the same corporate organization as the licensee of the first facility, or to another facility managed by the same entity managing the first facility. The facility to which the staff person transfers must document that the staff person completed the orientation at the prior facility. The facility to which the staff person transfers must nonetheless provide the transferred staff person with supplemental orientation specific to the facility and document that the supplemental orientation was provided. The supplemental orientation must include the types of assisted living services the staff person will be providing, the facility's category of licensure, and the facility's emergency procedures. A staff person cannot transfer to an assisted living facility with dementia care without satisfying the additional training requirements under section 144G.83. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two employees (unlicensed personnel (ULP)-E and ULP-F) completed an orientation to assisted living facility licensing requirements and regulations before providing services to residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and 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	01460		

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01460	Continued From page 8 found to be pervasive). The findings include: ULP-E began providing assisted living services on August 9, 2023. ULP-F began providing assisted living services on November 7, 2023. ULP-E and ULP-F's employee record lacked evidence of orientation to assisted living regulations for any of the required topics, including: - Overview of Assisted Living statutes; - Review of provider's policies and procedures; - Handling emergencies and using emergency services; - Reporting maltreatment of vulnerable adults or minors; - Assisted Living Bill of Rights; - Principles of person-centered planning/service delivery; - Handing of resident complaints, reporting of complaints, where to report; - Consumer advocacy services; and - Review of types of Assisted Living services the employee will provide and provider's scope of license. On January 28, 2026, at 2:45 p.m., clinical nurse supervisor (CNS)-B stated ULP-E and ULP-F's employee files lacked the required annual training as noted above indicating it had been "missed." The licensee's 5.01 Orientation of Staff and Supervisors and Content policy dated December 15, 2021, indicated employees must complete the orientation to assisted living facility requirements before providing assisted living services to	01460		

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01460	Continued From page 9 residents. The orientation must contain the following topics: -An overview of appropriate Assisted living statues and rules -An introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person -Handling of emergencies and use of emergency services -Compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC) -The assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights -Principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person -Handling of residents' complaints, reporting of complains, and where to report complains, including information on the Office of Health Facility Complaints -Consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, count-managed care advocates, or other relevant advocacy services -A review of the types of assisted living services the employee will be providing and the facility's category of licensure. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01460		

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01500	Continued From page 10	01500		
01500 SS=E	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss.	01500		

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01500	Continued From page 11 Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for two of two employees (unlicensed personnel (ULP)-E, ULP-F). 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:	01500		

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01500	Continued From page 12 ULP-E began providing assisted living services on August 9, 2023. ULP-F began providing assisted living services on November 7, 2023. ULP-E and ULP-F's employee record lacked documented evidence of the following required annual training: - Review of provider's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures. On January 28, 2026, at 2:45 p.m., clinical nurse supervisor (CNS)-B stated ULP-E and ULP-F's employee files lacked the required annual training as noted above indicating it had been "missed". The licensee's 5.06 Annual Required Staff Training policy dated December 7, 2021, identified the following training elements MUST be included every 12 months for all staff who perform direct care services: 5. Review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse,	01730		

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01730	Continued From page 13 advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing	01730		

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01730	Continued From page 14 medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a current individualized medication management plan to include all required content for one of two residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on January 26, 2026, at 10:33 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. R1's diagnoses included Parkinson's disease (neurological disorder affecting movement). On January 27, 2026, at 8:47 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1 in her room after preparing the medications from the licensee's medication cart. R1's Addedum [sic] A dated August 18, 2025, indicated R1 received services including medication administration.	01730		

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01730	Continued From page 15 R1's prescriber orders dated November 21, 2025, included orders for: five supplements, two for cholesterol, two for Parkinson's disease, one anticonvulsant, one for depression, one for reflux, one to prevent bladder infections, one for constipation, two lubricating eye drops, two for pain, and a pain patch. R1's Medication Administration Record (MAR) dated January 1, 2026, through January 26, 2026, included medications as prescribed, times to administer, and staff initials to indicate the medications had been given. R1's Individualized Medication Management Plan dated reviewed December 3, 2025, noted R1 was able to store and partially able to self-administer medications including Miralax (for constipation), artificial tears (eye lubrication), and melatonin (hormone for sleep). However, R1's record lacked a medication management plan to include: - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions for the rest of the medications. On January 27, 2026, at 2:12 p.m., CNS-B stated R1's record lacked the above noted content. The licensee's 7.03 Medication Management Individualized Plan policy dated January 31, 2022, noted the licensee would develop and maintain a current individualized medication management record for each resident that must contain the following: b. A description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions.	01730		

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01730	Continued From page 16 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered for one of five residents (R1) observed during medication administration. 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	01760		

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01760	Continued From page 17 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's diagnoses included Parkinson's disease (neurological disorder affecting movement). R1's Addedum [sic] A dated August 18, 2025, indicated R1 received services including medication administration. R1's prescriber orders dated November 21, 2025, included orders for: - lidocaine (pain relief) patch 5% to low back, remove after 12 hours. R1's medication administration record (MAR) dated January 1, 2026, through January 26, 2026, included the above order as written. On January 27, 2026, at 8:47 a.m., the surveyor observed unlicensed personnel (ULP)-C prepare R1's medications including the lidocaine patch. The surveyor noted R1's lidocaine patches were 4%, not the ordered 5%. ULP-C reviewed R1's lidocaine order in the MAR and stated the strength of the lidocaine patch did not match the MAR but proceeded to administer the patch to R1's lower back. Following the application of the patch to R1, ULP-C documented administration. On January 27, 2026, at 12:59 p.m., clinical nurse supervisor (CNS)-B stated the medication dosage did not reflect the same dosage as the prescriber orders. CNS-B stated she would need to update and clarify the order with the prescriber. The licensee's 7.08 Medication Management-Administration & Setup policy dated revised	01760		

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01760	Continued From page 18 January 31, 2022, noted for medication administration, the documentation must include the medication name, dosage, date and time administered, and method and route of administration. ULP will also document any 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 with the resident's medication management plan. The licensee's 7.22 Medication & Treatment Record - Documentation & Refusal policy dated January 31, 2022, noted the licensee would create and maintain a correct and accurate medication record for each resident receiving medication assistance or administration. The following must be documented in the resident's medication record after providing medication assistance or administration: a. The date, b. The time, c. The quantity of dosage, d. The method of administration of all prescribed legend and over-the-counter medications, e. Signature and title of the authorized person who provided the assistance and/or administration of medications. If medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

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01790	Continued From page 19	01790		
01790 SS=E	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 (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	01790		

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01790	Continued From page 20 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 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 interview and record review, the licensee failed to ensure the registered nurse (RN) trained and ensured competency for two of two employees (unlicensed personnel (ULP)-E, ULP-F) providing medications for residents with unplanned time away from home when the licensed nurse was not available. 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	01790		

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01790	Continued From page 21 situation has occurred repeatedly; but is not found to be pervasive). The findings included: ULP-E was hired on August 9, 2023. ULP-F was hired on November 7, 2023. ULP-E and ULP-F's employee record lacked evidence of competencies for providing medications to residents with medication management who have unplanned time away from home. On January 28, 2026, at 12:41 p.m., clinical nurse supervisor (CNS)-B stated ULP-E and ULP-F were both trained to administer medications and could encounter times when they would need to get medications ready for a resident to take with them for unplanned time away. CNS-B stated there was a policy to follow when the nurse was not there, but both employee records lacked the above required competency. The licensee's 7.10 Medication Management - Planned & Unplanned Time Away policy dated January 31, 2022, noted competency tested unlicensed personnel may give the resident or resident's representative medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven (7) calendar days. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		

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02320	Continued From page 22	02320		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of two unlicensed personnel (ULP-C) followed appropriate medication administration procedures. In addition, the licensee failed to ensure medications were administered according to policy and accepted standards of practice by one of one unlicensed personnel (ULP-C) observed during insulin administration. 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 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On January 27, 2026, at 7:18 a.m., the surveyor approached ULP-C and requested to follow along with the morning medication administration. ULP-C stated she had already "prepped" most of the morning medications for residents by setting	02320		

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02320	Continued From page 23 them up from the labeled pharmacy cassettes into medication cups. ULP-C further stated she followed the medication administration record (MAR) for setting the medications up, placed them back into the medication cart with their name, and when the resident is ready for their medications, she could grab their medication cup of medications and administer. ULP-C indicated it was a "habit," and it was not how she was trained to administer medications. R2 R2's diagnoses included diabetes. R2's Addedum [sic] A (identified as the service plan) dated October 27, 2023, and Service Plan Modification dated October 7, 2025, indicated R2 received services including medication administration. R2's prescriber orders dated December 4, 2025, included orders for: - B-Complex (supplement) one tab daily; - cephalexin (antibiotic) 250 milligrams (mg) daily; - Citracal D3 (supplement) 200 mg-6.25 micrograms (mcg) daily; - Coreg (for blood pressure) 6.25 mg daily; - furosemide (diuretic) 20 mg daily; - gabapentin (anticonvulsant) 300 mg twice daily; - Lantus Solostar (long-acting insulin) inject 6 units subcutaneously daily. R2's Individual Medication Management Plan dated reviewed June 9, 2025, noted: - Resident deemed safe to store and self-administer Lantus, Tylenol PM (pain reliever and for sleep), Tylenol, Icy Hot (topical pain reliever), loperimide (for diarrhea), ondansetron (for nausea and vomiting), docusate sodium (stool softener), Miralax (for constipation), Gas-X	02320		

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02320	Continued From page 24 (anti-gas), ibuprofen (reduces pain and inflammation). Medication assessment completed with supervisory visits and as needed to determine resident's ability and safety of self-administration of medications listed above. All other medications are stored and managed by facility. On January 27, 2026, 7:57 a.m., the surveyor observed ULP-C prepare R2's scheduled medications including B-Complex, Cephalexin, Citracal D3, Coreg, furosemide, gabapentin, and Lantus Solostar insulin. ULP-C removed the cap from R2's Lantus insulin and applied a new needle. ULP-C did not use an alcohol prep pad to cleanse the port of the pen before applying the needle. ULP-C did a 2-unit air shot to prime the pen, dialed the insulin to the prescribed amount, used an alcohol pad to cleanse R2's abdomen, and handed the insulin pen to R2 whom injected her own insulin. ULP-C then handed R2 her cup of medications, a glass of water, turned, and walked out of R2's apartment. ULP-C then proceeded to document the administration of the medications. Immediately following the observation, the surveyor asked ULP-C if R2 could self-administer her oral medications and ULP-C indicated she had never found medications in her room that she hadn't taken. In addition, the surveyor asked ULP-C if she ever utilized alcohol to cleanse the port of the insulin pen prior to applying the needle. ULP-C stated she was not aware of that step. R4 R4's diagnoses included hypertension (high blood pressure) and dementia. R4's Addedum [sic] A dated January 10, 2025, and Service Plan Modification dated January 28,	02320		

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02320	Continued From page 25 2025, indicated R4 received services including medication administration. R4's prescriber orders dated November 20, 2025, included orders for: - memantine (for dementia) 5 mg twice daily; - certirizine (for allergies) 10 mg daily; - furosemide 20 mg daily; - levothyroxine (synthetic hormone) 75 mcg daily; - lorsartan (for blood pressure) 50 mg daily; - metoprolol (for blood pressure) 50 mg twice daily. R4's Individual Medication Management Plan dated reviewed January 8, 2026, noted: - Medication administration by facility staff. Partially able to self-administer Systane (lubricating) eye drops. On January 27, 2026, at 8:13 a.m., the surveyor observed ULP-C prepare R4's scheduled medications including memantine, certirizine, furosemide, levothryoxine, lorsartan, and metoprolol. ULP-C handed R4 her cup of medications, a glass of water, turned, and walked out of R4's apartment. ULP-C then proceeded to document the administration of the medications. R5 R5's diagnoses included chronic obstructive pulmonary disease (lung disease that causes difficulty breathing). R5's Addedum [sic] A dated January 10, 2025, indicated R5 received services including medication administration. R5's Individual Medication Management Plan dated reviewed January 8, 2026, noted: - Medication administration by facility staff.	02320		

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FRIENDSHIP COURT	1228 SOUTH RICE STREET BLUE EARTH, MN 56013

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02320	Continued From page 26 Resident deemed safe to store and self-administer fluticasone-salmeterol (long-acting bronchodilator making it easier to breathe) inhaler. On January 27, 2026, 8:18 a.m., the surveyor observed ULP-C removed R5's Wixela inhaler and a medication cup from the medication cart with R5's name on it. ULP-C stated she had prepared R5's scheduled AM medications earlier in her shift. ULP entered R5's apartment and indicated he was still sleeping. ULP-C placed the cup of medications, the inhaler, and a glass of water on a table next to R5's recliner chair. ULP-C then left the apartment and proceeded to document the administration of the medications. ULP-C stated she did not need to observe any of the current residents consume their medications. R1 R1's diagnoses included Parkinson's disease (neurological disorder affecting movement). R1's Addedum [sic] A dated August 18, 2025, indicated R1 received services including medication administration. R1's prescriber orders dated November 21, 2025, included orders for: - vitamin C (supplement) 500 mg 1/2 tab daily; - calcium 600 with D3 (supplement) 600 mg/5 mcg daily; - carbidopa-levodopa (for Parkinson's disease) 25-100 mg two tabs three times daily; - vitamin D3 (supplement) 25 mcg daily; - escitalopram (antidepressant) 20 mg daily; - gabapentin 300 mg twice daily; - lidocaine (pain relief) patch 5% to low back, remove after 12 hours; - methenamine (prevents bladder infections) 1	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30633	A. BUILDING: _____ B. WING _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP COURT	1228 SOUTH RICE STREET BLUE EARTH, MN 56013

(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
02320	Continued From page 27 gram twice daily; - omeprazole(for gastric reflux) 20 mg daily; - pramipexole (for Parkinson's disease) 0.25 mg three times daily; - cyclosporine (for dry eyes) 0.05% 1 drop to each eye twice daily. R1's Individual Medication Management Plan dated reviewed December 3, 2025, noted: - Medication administration by facility staff. Partially able to self-administer and store Miralax, artificial tears, and melotonin (hormone for sleep). On January 27, 2026, at 8:47 a.m., the surveyor observed ULP-C prepare R1's scheduled medications including vitamin C, calcium with D3, carbidopa-levodopa, vitamin D3, escitalopram, gabapentin, lidocaine patch, methenamine, omeprazole, pramipexole, and cyclosporine eye drops. ULP-C applied R1's lidocaine patch to her lower back, then administered the cyclosporine eye drops. ULP-C then handed R1 her cup of medications, a glass of water, a half cup of applesauce, turned, and walked out of R1's apartment. ULP-C then proceeded to document the administration of the medications. ULP-C further reiterated there were no residents that she needed to watch take their medications. On January 27, 2026, at 1:02 p.m., clinical nurse supervisor (CNS)-B stated best practice is for staff to administer the medication immediately after preparing them and to follow manufacturer instructions for insulin administration. On January 28, 2026, at 3:45 p.m., registered nurse/education coordinator (RN/EC)-H stated staff were trained to prepare medications using the MAR, then administer. RN/EC-H further stated staff were trained to watch the residents	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02320	Continued From page 28 consume the medication and to wipe the end of the insulin pen with an alcohol swab prior to placing a needle. The licensee's 7.08 Medication Management - Administration & Setup policy dated January 31, 2022, noted unlicensed personnel trained to provide medication administration at [The Licensee] will document any medication administration provided accurately in each resident record. The manufacturer's Lantus Solostar Instructions for Use revised December 2020, indicated: Step 2. Attach the needle A. Wipe the rubber seal with alcohol. B. Remove the protective seal from a new needle. C. Line up the needle with the pen and keep it straight as you attach it. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

FRIENDSHIP COURT
1228 South Rice Street
Blue Earth, MN 56013
Faribault County
Parcel:

Phone:

License Info

License: HFID 30633

Risk:
License:
Expires on:
CFPM: Tabetha Hanevik
CFPM #: 54031; Exp: 9/3/2027

Inspection Info

Report Number: F7990261001
Inspection Type: Full - Single
Date: 1/27/2026 Time: 10:00:04 AM
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

WE DISCUSSED EMPLOYEE ILLNESS, BAREHAND CONTACT PREVENTION AND NOROVIRUS. AN EMPLOYEE ILLNESS LOG IS KEPT ONSITE.

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 Mankato District Office inspection report number F7990261001 from 1/27/2026

Benjamin D. Ische

Tabetha Hanevik

Ben Ische,
Public Health Sanitarian Supervisor
507-344-2710
ben.ische@state.mn.us