



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

September 4, 2026

Licensee

Sunnyside Oasis LLC

11947 Eldorado Street Northwest

Coon Rapids, MN 55433

RE: Provisional Conditional License Number 422304
Health Facility Identification Number (HFID) 42337
Project Number(s) SL42337015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 11, 2026, 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 60-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **November 3, 2026**.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

MDH may assess fines based on the level and scope of the orders outlined below. 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 provisional license at this time.**

St - 0 - 1260 - 144g.60 Subdivision 1 - Background Studies Required - \$1,000.00

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the provisional 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>

CONDITIONAL LICENSE ISSUED:

MDH will issue Sunnyside Oasis LLC a conditional provisional assisted living facility license for 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 Sunnyside Oasis LLC is in substantial compliance.

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

- a. No new substantiated maltreatment allegations:** If any new investigations begin in the conditional provisional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the provisional license.
- b. No new admissions:** Sunnyside Oasis LLC will not admit any new residents under its conditional provisional assisted living facility license until MDH removes the "no new admissions" condition. Sunnyside Oasis LLC must provide the Department:
 - i. A list of the names and birthdates of any individuals Sunnyside Oasis LLC is**

currently in the process of admitting. These individuals will be able to continue the admittance process.

- ii. A list of all current residents including:
 - 1. Name and birthdate of each resident
 - 2. Current payment source for services
 - 3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
 - 4. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative
- c. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Sunnyside Oasis LLC to correct the violations cited during the survey as well as to determine the overall practice of Sunnyside Oasis LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive provisional licensed assisted living services. The OOLTC will share their findings with MDH.
- d. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3, 4 or 5 violations or widespread care related violations.
- e. **Corrective Action Plan:** Sunnyside Oasis 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 Sunnyside Oasis LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 60-day conditional provisional license period. If MDH determines Sunnyside Oasis LLC is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to Sunnyside Oasis LLC. If MDH determines Sunnyside Oasis 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 Kelly Thorson directly at: 320-223-7336 or email at: Kelly.Thorson@state.mn.us.

Sincerely,

A handwritten signature in black ink that reads "Rick Michals". The signature is written in a cursive, slightly slanted style.

Rick Michals, J.D.
Executive Regional Operations Manager

**Minnesota Department of Health
Health Regulation Division**

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 42337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/11/2026
NAME OF PROVIDER OR SUPPLIER SUNNYSIDE OASIS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 11947 ELDORADO ST NW COON RAPIDS, MN 55433		
(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: SL42337015-0 On August 10, 2026, through August 11, 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 two (2) resident(s); two (2) receiving services under the Provisional Assisted Living Facility license. An immediate correction order was identified on August 10, 2026, issued for SL42337015-0, tag identification 1290. During the course of the survey, the licensee took action to mitigate the imminent risks. Noncompliance remained and the scopes and levels remain unchanged.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements	0 470			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 470	Continued From page 1 (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the daily staff schedule was posted for residents, staff, and visitors to review as required. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to	0 470			

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0 470	Continued From page 2 cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On August 10, 2026, at 10:40 a.m., during entrance conference, the surveyor observed a dry erase board located in the dining room of the facility. The schedule written on the dry erase board indicated the following: - 7 a.m. - 5 p.m. 1 staff - 5 p.m. - 7 p.m. 1 staff - 7 p.m. - 7 a.m. 1 staff (T, W, TH) - 7 p.m. - 7 a.m. 1 staff (F, S, M) The staff schedule was not dated with the dates, did not indicated every day of the week, Sunday through Saturday, and did not indicate a 24-hour staffing on (F, S, M). On August 10, 2026, at 10:40 a.m., during the entrance conference, assisted living director in residence (ALDIR)-A stated the schedule was not posted on the bulletin board as it normally is and the one written on the dry erase board was not accurate. ALDIR-A stated she will need to update the one on the dry erase board and print the one for the bulletin board. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 470			

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0 480	Continued From page 3	0 480			
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;	0 480			

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0 480	Continued From page 4 (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 10, 2026, for the specific Minnesota Food Code violations. The Inspection	0 480			

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0 480	Continued From page 5 Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency	0 680			

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0 680	Continued From page 6 preparedness plan (EPP) with all the required content. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's EPP dated January 1, 2026, lacked the following required content: -maintain and annual EPP updates; -policies and procedures for volunteers; -policies and procedures for arrangements with other facilities; -names and contact information; and -emergency prep testing requirements. On August 10, 2026, at 2:15 p.m., assisted living director in residence (ALDIR)-A stated she agreed the EPP is missing the missing person quarterly review, policy for volunteers, arrangements with another facility, names and contact information in the communication plan and had not completed any EPP drills yet. The licensee's Emergency Preparedness policy dated July 2022, indicated the licensee will have identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services. The licensee's Missing Person policy dated July 21, 2022, indicated the missing resident	0 680			

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0 680	Continued From page 7 procedure will be reviewed by the Director and Clinical Nurse Supervisor at least quarterly. Minnesota Administrative Rule 4659.0100 dated August 11, 2021, indicated assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.72, or successor requirements. This part referenced documents, specifications, methods, and standards in State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types: Interpretive Guidance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans	0 810			

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0 810	Continued From page 8 upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated	0 810			

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0 810	Continued From page 9 August 11, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty One (21) Days	0 810			
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of one resident (R1). 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 the potential to affect a large portion or all the residents). The findings include:	0 910			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 42337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/11/2026
NAME OF PROVIDER OR SUPPLIER SUNNYSIDE OASIS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 11947 ELDORADO ST NW COON RAPIDS, MN 55433		
(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
0 910	Continued From page 10 R1 was admitted on March 1, 2026. R1 Assisted Living Contract dated March 1, 2026, lacked inclusion of the licensee's Health Facility Identification (HFID) number and the authorized agent for the facility. On August 11, 2026, at 12:00 p.m., assisted living director in residence (ALDIR)-A confirmed the contract was missing the HFID and the authorized agent and she will need to add this information and update the contracts for all residents. The licensee's undated Assisted Living Contract Requirements policy indicated the contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: - the facility and contracted service provider when applicable; - the license of the facility; - the managing agent of the facility, if applicable; - and - the authorized agent for the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 910			
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility	0 950			

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0 950	Continued From page 11 must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensee provided the required notice for right to a designated representative with the required verbiage on a document separate from the contract for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than	0 950			

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0 950	Continued From page 12 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: R1's Assisted Living Contract dated March 1, 2026, lacked the required notice to designate a representative. R1's record lacked evidence in writing of providing on a document separate from the contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." On August 11, 2026, at 12:00 p.m., assisted living director in residence (ALDIR)-A confirmed the contract was missing the designated representative form with the specific language on it to advise what a designated representative is and will need to update the contracts to include this for all residents. The licensee's undated Designated Representative policy indicated before or at the time of execution of an assisted living contract,	0 950			

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0 950	Continued From page 13 an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950			
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction	01290			

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01290	Continued From page 14 does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was submitted and completed for the current health facility identification (HFID) number for one (1) of six (6) employees (unlicensed personnel (ULP-C) on the facility provided employee roster. 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 the residents). This resulted in an immediate correction order issued on August 10, 2026. The findings include: On August 10, 2026, at 12:35 p.m., the surveyor reviewed the facility's NETStudy 2.0 roster and compared it to the facility's staff roster and discovered one of the facility's employees were not listed as having a background study submitted with the licensee's HFID 42337. ULP-C was hired on July 13, 2026, to provide assisted living services. On August 10, 2026, at 12:45 p.m., assisting living director in residence (ALDIR)-A stated	01290			

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01290	Continued From page 15 ULP-C was hired on July 13, 2026, and has been working independently with residents for about a week or two. ALDIR-A confirmed that ULP-C was not listed on the NETStudy 2.0 roster for this HFID and hoped that she did not run her under another HFID that she works with. On August 10, 2026, at 1:10 p.m., ALDIR-A stated she had started the background study process for ULP-C upon hire but missed a date and the background study request expired which is why ULP-C is not listed on the roster. ALDIR-A stated she had resubmitted the background study request today and ULP-C is now on the NETStudy 2.0 roster and cleared. The licensee's undated Background Studies policy indicated each facility employee/volunteer or contractor who will provide direct care to residents must have a background study completed. The forms will be completed at the time of hire. Employees may not work until the results of the background study have been received. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	01290			
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne	01370			

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01370	Continued From page 16 pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care services for one of two unlicensed personnel (ULP-C).	01370			

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01370	Continued From page 17 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: ULP-C was hired on June 29, 2026, to provide direct care services to the licensee's residents. ULP-C's record lacked evidence of the following required competency testing: - appropriate and safe techniques in personal hygiene and grooming including hair care and bathing, care of teeth, gums, and oral prosthetic devices, care and use of hearing aids, dressing, and assistance with toileting; On August 11, 2026, at 2:05 p.m., assisted living director in residence (ALDIR)-A stated she agrees ULP-D is missing the competency evaluation for the cares and must have missed printing this form off for the nurse to go over with ULP-D. The licensee's undated Qualifications, Training and Competency policy indicated Training and competency evaluations for all unlicensed personnel will include the following: - appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing; - care of teeth, gums and oral prosthetic devices; - care and use of hearing aids; and - dressing and assisting with toileting.	01370			

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01370	Continued From page 18 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370			
01530 SS=D	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 19 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 interview and record review, the licensee failed to ensure all direct care staff received at least eight hours of initial dementia care training within the first 160 working hours of employment for direct care employees as required for one of two employees (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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: ULP-C was hired on June 29, 2026, to provide direct care services to the licensee's residents. ULP-C's employee record indicated ULP-C completed 7.25 hours of initial dementia training, thus did not contain documentation ULP-C completed the required initial eight hours of	01530			

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01530	Continued From page 20 dementia training, within 160 working hours of ULP-C's employment start date under the assisted living license. On August 11, 2026, at 1:50 p.m., ULP-C confirmed she is a full time, works 40 hours a week, and is pretty sure she has worked more than 160 hours. On August 11, 2026, at 2:05 p.m., assisted living director in residence (ALDIR)-A confirmed ULP-C only has 7.25 hours of dementia training on her transcript and this was due to using the auto enroll system and not making sure the system added the correct number of classes to meet the required hours. The licensee's undated Dementia Care Training policy indicated Direct care employees must have completed at least 8 hours of initial training related to dementia care in the 160 hours from employment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530			
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record	01820			

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01820	Continued From page 21 review, the facility failed to ensure there was a current, written, or electronically recorded prescription for prescribed medications that the assisted living facility was managing for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On August 11, 2026, at 10:00 a.m., the surveyor observed authorized agent/unlicensed personnel (AA/ULP)-D administer medications to R1. R1 was admitted to the licensee on March 1, 2026, with diagnoses which included generalized anxiety disorder and essential hypertension. R1's signed Service Plan dated March 1, 2026, indicated R1 received assisted living services to include medication administration. R1's August 2026 Medication Administration Record (MAR) indicated R1 was to receive the following medications: - ferrous sulfate 325 milligrams (mg); take one tablet by mouth twice a day; - fluoxetine 40mg; give two tablets by mouth daily; - lisinopril 40mg; give 1 tablet by mouth daily; - olanzapine 10mg; give 1 tablet by mouth every night at bedtime.	01820			

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01820	Continued From page 22 R1's record lacked a signed physician's order for the following medications: - ferrous sulfate 325mg. On August 11, 2026, at 12:00 p.m., assisted living director in residence (ALDIR)-A stated they are missing a signed order for R1's ferrous sulfate and did not realize it was not included in the signed orders. The licensee's undated Medication Prescriptions and Refills policy indicated a current, written prescribers prescription must be obtained for any medication, including an over-the-counter medication, whenever staff is responsible for setting up the medication, administering the medication or providing other medication management services for a resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure expired medications were disposed of for one of two	01890			

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01890	Continued From page 23 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: On August 11, 2026, at 10:15 a.m., the surveyor observed the locked medication cabinet with assisted living director in residence (ALDIR)-A and observed a medication card which contained R1's clonidine 0.1 milligrams (mg) as needed medication which expired on July 14, 2026. On August 11, 2026, at 10:15 a.m., ALDIR-A confirmed the expiration date on the medication card and stated that R1 does not take this medication very frequently and did not realize it had expired and will need to call the pharmacy to get a new supply. The licensee's undated Medication Disposition or Disposal policy indicated Prescription drugs managed and secured by our facility that are left with our facility after the death or termination of services for a resident for whom the drug was prescribed, or any prescription drug permanently discontinued, must be destroyed by the RN/LPN or pharmacist with one other person as a witness. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7)	01890			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 42337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/11/2026
NAME OF PROVIDER OR SUPPLIER SUNNYSIDE OASIS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11947 ELDORADO ST NW COON RAPIDS, MN 55433			
(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
01890	Continued From page 24 days	01890			



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

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Establishment Info

SUNNYSIDE OASIS LLC
11947 Eldorado St NW
Coon Rapids, MN 55433
Anoka County
Parcel:

Phone:
sunnysideoasis@gmail.com

License Info

License: HFID 42337

Risk:
License:
Expires on:
CFPM: MOHAMED ABKULAZIZ
ALIKAR
CFPM #: 62495; Exp: 10/23/2028

Inspection Info

Report Number: F1029261253
Inspection Type: Full - Single
Date: 8/10/2026 Time: 11:30 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 2
Total Priority 2 Orders: 3
Total Priority 3 Orders: 6
Delivery:

New Order: 2-300 Personal Cleanliness

2-301.12C Priority Level: Priority 3 CFP#: 8

MN Rule 4626.0070C Food employees must avoid recontamination of their hands after handwashing by using a disposable paper towel or similar clean barrier to close faucet handles on a handwashing sink or the handle on a restroom door.

COMMENT: PIC USED HANDS TO TURN OFF SINK AFTER HANDWASHING. CORRECTED DURING INSPECTION.
PIC INSTRUCTED TO USE A BARRIER LIKE A PAPER TOWEL TO TURN OFF SINK AFTER HANDWASHING.

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

! New Order: 3-100 Food Characteristics: unadulterated

3-101.11 Priority Level: Priority 1 CFP#: 13

MN Rule 4626.0125 Remove all unsafe and adulterated foods from the premises.

COMMENT: TOMATO SAUCE JAR LID PUNCTURED WITH DARK BUILDUP. PIC INSTRUCTED TO REMOVE.

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

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) Priority Level: Priority 1 CFP#: 15

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

COMMENT: UNPASTEURIZED SHELL EGGS ABOVE READY TO EAT FOODS. PIC INSTRUCTED TO STORE LOWER THAT RTE ITEMS AND/OR IN A LEAKPROOF CONTAINER WITH HIGH SIDEWALLS.

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

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

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

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

COMMENT: NO DATE MARKS ON BRATS AND DELI MEAT. OPEN DATES FOR MEATS KNOWN AND WITHIN 7-DAY USE WINDOW. PIC INSTRUCTED TO DATE MARK REQUIRED ITEMS AND TO DISCARD AFTER 7 DAYS.

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

New Order: 4-100 Equipment Construction Materials

4-101.17 Priority Level: Priority 3 CFP#: 47

MN Rule 4626.0490 Discontinue using wood and wood wicker as a food contact surface.

COMMENT: WOOD CUTTING BOARD SCoured AND WITH GROOVES. PIC INSTRUCTED TO REMOVE.

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

New Order: 4-100 Equipment Construction Materials4-101.18 *Priority Level: Priority 3 CFP#: 47*

MN Rule 4626.0493 Discontinue using cleaning aids or utensils that can scratch or scour the nonstick coating of pots, pans, griddles, cookie sheets, waffle makers and other cookware.

COMMENT: NONSTICK COOKWARE SURFACES DEGRADED. PIC INSTRUCTED TO REMOVE AND TO USE UTENSILS AND CLEANING AIDS ON FUTURE NONSTICK EQUIPMENT THAT WILL NOT SCRATCH OR SCOUR THE NONSTICK SURFACES.

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

New Order: 4-100 Equipment Construction Materials4-101.19 *Priority Level: Priority 3 CFP#: 47*

MN Rule 4626.0495 Remove non-food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling, or that require frequent cleaning, that are not constructed of a corrosion-resistant, non-absorbent, and smooth material.

COMMENT: HORIZONTAL SURFACES IN CABINETS AND DRAWERS DEGRADED WITH EXPOSED ABSORBENT SURFACES. PIC INSTRUCTED TO REPAIR OR REPLACE FINISHES TO BE DURABLE, EASILY CLEANABLE, AND NON-ABSORBENT. OPTIONS DISCUSSED: THICK HIGH PRESSURE LAMINATE RATHER THAN THIN CONTACT PAPER.

Comply By: 9/11/2026 Originally Issued On: 8/10/2026

New Order: 4-200 Equipment Design and Construction4-204.112A *Priority Level: Priority 3 CFP#: 36*

MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.

COMMENT: INTERNAL THERMOMETERS ABSENT IN FRIDGE/FREEZER. PIC INSTRUCTED TO PLACE THERMOMETERS WITHIN.

Comply By: 8/14/2026 Originally Issued On: 8/10/2026

New Order: 4-300 Equipment Numbers and Capacities4-302.13B *Priority Level: Priority 2 CFP#: 48*

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

COMMENT: NO MIN/MAX IRREVERSIBLE THERMOMETER OR THERMAL STICKERS-TAGS. PIC INSTRUCTED TO OBTAIN AND MAINTAIN MEANS OF VERIFYING THE HIGH SANITIZING TEMPERATURE IN THE DISHWASHER.

Comply By: 8/14/2026 Originally Issued On: 8/10/2026

New Order: 4-300 Equipment Numbers and Capacities4-302.14 *Priority Level: Priority 2 CFP#: 48*

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

COMMENT: CHLORINE COMPOUND PRESENT TO MIX FOOD CONTACT SURFACE SANITIZER BUT NO TEST STRIPS. PIC INDICATED THAT THE ESTABLISHMENT WILL OBTAIN FOOD CONTACT SURFACE SINGLE USE DISPOSABLE WIPES FOR THE KITCHEN.

Comply By: 8/14/2026 Originally Issued On: 8/10/2026

New Order: 4-600 Cleaning Equipment and Utensils4-601.11C *Priority Level: Priority 3 CFP#: 49*

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

COMMENT: DEBRIS AND FOOD RESIDUE IN CABINETS AND DRAWERS. PIC INSTRUCTED TO CLEAN AND MAINTAIN CLEAN.

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

Food & Beverage General Comment

Food and beverage inspection of ALF conducted as part of HRD survey.

HRD Surveyor: Sarabeth Remker, BSN, RN.

Establishment residential in nature: laminate floor, wood/composite wood drawers and cabinetry with overlaying covering, laminate covered MDF counters, smooth painted walls and ceiling, 2-compartment sink, high heat sanitizing dishwasher.

Food safety and foodborne illness risk factors reviewed with Person in Charge (PIC).

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 F1029261253 from 8/10/2026

MOHAMED ALIKAR
PERSON IN CHARGE

Trevor McCliment

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@state.mn.us



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

Temperature Observations/Recordings

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Establishment Info

SUNNYSIDE OASIS LLC
Coon Rapids
County/Group: Anoka County

Inspection Info

Report Number: F1029261253
Inspection Type: Full
Date: 8/10/2026
Time: 11:30 AM

New Record: Product/Item/Unit: PASTA SAUCE; **Temperature Process:** Cold-Holding

Location: FRIDGE at 41 Degrees F.

Comment:

Violation Issued?: No

New Record: Product/Item/Unit: SALAMI; **Temperature Process:** Cold-Holding

Location: FRIDGE at 41 Degrees F.

Comment:

Violation Issued?: No



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

Sanitizer Observations/Recordings

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Establishment Info	Inspection Info
SUNNYSIDE OASIS LLC	Report Number: F1029261253
Coon Rapids	Inspection Type: Full
County/Group: Anoka County	Date: 8/10/2026
	Time: 11:30 AM

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

Location: Kitchen **Greater Than** 160 Degrees F.

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL42337015-0	Date: 8/11/2026
Facility Name: SUNNYSIDE OASIS LLC	
Facility Address: 11947 Eldorado Street NW Coon Rapids MN 55433	

☒ TAG IDENTIFICATION: 0810

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

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

Comments: The FSEP failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The provided FSEP was from a third-party provider and had not been updated to the specific facility.
2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

Comments: The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. The licensee stated a resident policy was not in place at the time of the survey.