DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

August 13, 2026

Licensee
Pinecare Health LLC
1225 County Road B West
Roseville, MN 55113

RE: Denial of License Number 422543
Health Facility Identification Number (HFID) 42240
Initial survey; Project Number(s) SL42240001

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on June 18, 2026 for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above-mentioned provider. Based on the survey(s), MDH found you not in substantial compliance with the laws pursuant to Minnesota Statute, Chapter 144G. As a result, your authority to continue to operate under a provisional license or be approved for an assisted living facility license is being denied.

INELIGIBILE LICENSURE TIMELINE

Pursuant to Minn. Stat. § 144G.16, subd. 3 (c), the owners and managerial officials of a provisional licensee whose license is denied are ineligible to apply for an assisted living facility license under this chapter for one (1) year following the facility's closure date.

STATE CORRECTION ORDERS

The enclosed State Form documents the state licensing orders. The Department of Health 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 . . ."

REQUEST FOR RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.16, Subd. 4, you may request a reconsideration by the Minnesota Department of Health. The request for reconsideration process must be conducted internally by the Minnesota Department of Health and Chapter 14 does not apply. **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

Note requests for reconsideration must be received by the department within 15 calendar days of the date of this notice.

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF RESIDENTS
You must comply with the requirements for notification and coordinated move of residents noted in Minn. Stat. § 144G.52 and Minn. Stat. § 144G55. Additionally, please provide the information described in Minn. Stat. § 144G.20, Subd. 15 (a) (1), (2), (3), (4) and (5) to this department's contact, Casey DeVries, via email at: casey.devries@state.mn.us. Also provide this information to the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care no later than **08/18/2026**.

Pursuant to Minn. Stat. § 144G.16, Subd. 5 (3), a provisional licensee whose license is denied is permitted to continue operating as an assisted living facility during the period of time when a transfer of assisted living facility resident(s) from the provisional licensee to a new assisted living facility provider is in process.

Additionally, pursuant to Minn. Stat. § 144G.16, Subd. 5 (1), you may continue operating during the reconsideration process.

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

If you have any additional questions, please do not hesitate to contact Casey DeVries, Supervisor, at casey.devries@state.mn.us. Casey DeVries can also be reached by office phone at 651-201-5917.

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42240	A. BUILDING: _____ B. WING _____	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINECARE HEALTH LLC	1225 COUNTY ROAD B W ROSEVILLE, MN 55113

(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: SL42240001-0 On June 15, 2026, through June 18, 2026, the Minnesota Department of Health conducted an initial survey at the above provider and the following correction orders are issued. At the time of the survey, there were three residents, all of whom received services under the Provisional Assisted Living Facility license. An immediate order for correction was identified on June 17, 2026, issued for SL42240001-0, tag identification 1760. The licensee did not provide written documentation of their actions taken to comply with the immediate order for correction until June 29, 2026.	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.	
0 110 SS=I	144G.10 Subdivision 1a Assisted living director license required	0 110		

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director who is licensed or permitted by the Board of Executives for Long Term Services and Supports and affiliated as the director of record with the board. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensed assisted living director (LALD-D) who had their residency permit (RP), was present or available by phone for the survey and failed to provide documentation of a mentor. This had the potential to affect all the licensee's residents, staff, and visitors. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee had a provisional assisted living license issued on October 20, 2025, with an expiration date of October 19, 2026. The licensee's Employee List indicated licensed assisted living director (LALD)-D was hired on May 1, 2026, and was listed as, "Director." The Board of Executives for Long-Term Services	0 110		

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0 110	Continued From page 2 (BELTSS) website indicated LALD-D had their RP effective May 11, 2026, through May 10, 2027. On June 15, 2026, at 9:35 a.m., owner/unlicensed personnel (O/ULP)-E stated LALD-D was unable to come to the facility today as they did not have childcare. O/ULP-E stated they would try to get LALD-D on the phone for the entrance conference. On June 15, 2026, at 9:49 a.m., the surveyor conducted the entrance conference. O/ULP-E stated they were unable to reach LALD-D by phone to participate in the entrance conference. On June 16, 2026, at 9:12 a.m., O/ULP-E stated LALD-D would not be able to be onsite for the survey today as they were having daycare issues; they would check to see if they were available by phone. On June 17, 2026, at 10:04 a.m., the surveyor requested treatment logs, treatment plans and service administration logs from O/ULP-E. O/ULP-E stated LALD-D had all of those documents, they took them home so they could review them. O/ULP-E stated LALD-D would be bringing the documents to the facility today. On June 17, 2026, at 10:34 a.m., O/ULP-E stated some of the above-mentioned resident records which were in LALD-D's possession were dropped off. O/ULP-E stated LALD-D was not at the facility and was still waiting for more documents which were not brought. The surveyor inquired why LALD-D had not brought all of the records rather than driving back and forth between their home and the facility. O/ULP-E stated that it was a good point.	0 110		

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0 110	Continued From page 3 On June 17, 2026, at 11:27 a.m., the surveyor inquired from O/ULP-E if LALD-D would be returning to the facility today. O/ULP-E stated LALD-D would not be returning to the facility and had not been to the facility. O/ULP-E stated it was LALD-D's spouse who brought the documents to the facility. The surveyor requested LALD-D's phone number from O/ULP-E as contact had still not been made with the surveyor. On June 17, 2026, at 2:33 p.m., the surveyor called and left a voice message for LALD-D. On June 18, 2026, at 8:15 a.m., the surveyor exited the survey without any correspondence from LALD-D. On June 18, 2026, at 9:41 a.m., an email from a BELTSS representative indicated, "[LALD-D] called me back, [LALD-D] had not been going to the facility as [LALD-D] has not received [their] permit yet in the mail. The permit certificate was not issued until 6/10 but it was effective 5/11 when it should have been issued. [LALD-D] was mistakenly not going to the facility until the certificate was received. I told [LALD-D] to print the temporary certificate from online and post at the facility. Your surveyor should receive a return call from [LALD-D]. We talked [LALD-D] through [their] responsibility during the survey process, and the overall onsite presence required." No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 180 SS=I	144G.16 Subd. 2 Initial survey	0 180		

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0 180	Continued From page 4 (a) During the provisional license period, the commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident. (b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner. (c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply. (d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within two days of first providing services. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).	0 180		

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0 180	Continued From page 5 The findings include: The licensee was issued their Provisional Assisted Living license October 20, 2025. The licensee's Current Resident Roster indicated R1 was admitted and began receiving assisted living services on February 10, 2026, however R1's face sheet indicated R1 was admitted on February 17. R2 was admitted and began receiving assisted living services on February 17, 2026. The licensee submitted a Notice of Providing Assisted Living Services form to MDH. The form indicated they began providing services for two residents on February 17, 2026. Owner/unlicensed personnel (O/ULP)-E signed the form on February 27, 2026, 10 days after R1 and R2's admission date. The licensee failed to provide notice to MDH within two (2) days of the licensee first providing assisted living services. On June 16, 2026, at 9:54 a.m., O/ULP-E stated they submitted the notification of providing services form late. O/ULP-E provided an email which indicated the licensee submitted the Notice of Providing Assisted Living Services form to MDH on February 27, 2026. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 180		

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0 250	Continued From page 6	0 250		
0 250 SS=F	144G.20 Subdivision 1 Conditions (a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or staff of an assisted living facility: (1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules; (2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services; (3) performs any act detrimental to the health, safety, and welfare of a resident; (4) obtains the license by fraud or misrepresentation; (5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the facility's books, records, files, or staff; (7) interferes with or impedes a representative of the department in contacting the facility's residents; (8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental Health and Developmental Disabilities according to section 245.94, subdivision 1; (9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department; (10) destroys or makes unavailable any records	0 250		

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0 250	Continued From page 7 or other evidence relating to the assisted living facility's compliance with this chapter; (11) refuses to initiate a background study under section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials owner/unlicensed personnel (O/ULP)-E, licensed assisted living director (LALD)-D, and clinical nurse supervisor (CNS)-C, who oversaw the day-to-day operations, understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required with records reviewed. This had the potential to affect all 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 is issued at a widespread scope (when problems	0 250		

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0 250	Continued From page 8 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: During the entrance conference on June 15, 2026, at 9:49 a.m., O/ULP-E and CNS-C stated the licensee's employees in charge of the facility were familiar with the assisted living regulations and the licensee provided medication and treatment management services. The licensee's Provisional Assisted Living Licensure Information and Application signed August 10, 2025, indicated under section Assisted Living Director, LALD-D was, "the person who administers, manages, supervises, or is in general administrative charge of an assisted living facility." Under the section titled "Official Verification of Owner or Authorized Agent", included the following language: "I certify I have read and understand the following:" [a box was filled in before each of the following]: - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G (https://www.revisor.mn.gov/statutes/cite/144G) - Assisting Living Licensure rules in Minnesota Rules, chpt. 4659 (https://www.revisor.mn.gov/rules/4659/) - I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G (opens in a new window), and Minnesota Rules, chapter 4659 (proposed and not final) (opens in a	0 250		

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0 250	Continued From page 9 new window), governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence f a management agreement or subcontract. - I have examined this application and all attachments, and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct and complete. I will notify MDH, in writing, of any changes to this information as required. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G (opens in new window). and Minn. Rules chapter 4659 (proposed and not final) (opens in new window), in place upon licensure and to keep them current as applicable. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or	0 250		

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0 250	Continued From page 10 enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices. - I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license. - I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. - I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable.	0 250		

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0 250	Continued From page 11 Page eighteen (18) was electronically signed by owner/unlicensed personnel (O/ULP)-E on August 10, 2025. The licensee had a provisional assisted living license issued on October 20, 2025, with an expiration date of October 19, 2026. The licensee failed to ensure the following policies and procedures were developed and/or implemented: - requirements in section 626.557, reporting of maltreatment of vulnerable adults; - conducting and handling background studies on employees; - orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; - handling complaints regarding staff or services provided by staff; - competency training and evaluations of staff; - medication and treatment management; - orientation to and implementation of the assisted living bill of rights; - infection control practices; - reminders for treatments or exercises, if provided; - ensuring that nurses and licensed health professionals have current and valid licenses to practice; - medication and treatment management; - supervision of registered nurses and licensed health professionals; and - supervision of unlicensed personnel performing delegated tasks. On June 18, 2026, at 8:15 a.m., the surveyor exited the survey without any correspondence from LALD-D despite multiple requests and	0 250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42240	A. BUILDING: _____ B. WING _____	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINECARE HEALTH LLC	1225 COUNTY ROAD B W ROSEVILLE, MN 55113

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0 250	Continued From page 12 attempts to connect. On June 18, 2026, at 9:41 a.m., an email from a Board of Executives for Long-Term Services (BELTSS) representative indicated, "[LALD-D] called me back, [LALD-D] had not been going to the facility as [LALD-D] has not received [their] permit yet in the mail. The permit certificate was not issued until 6/10 but it was effective 5/11 when it should have been issued. [LALD-D] was mistakenly not going to the facility until the certificate was received. I told [LALD-D] to print the temporary certificate from online and post at the facility. Your surveyor should receive a return call from [LALD-D]. We talked [LALD-D] through [their] responsibility during the survey process, and the overall onsite presence required." As a result of this survey, the following orders were issued 0110, 0180, 0250, 0470, 0480, 0485, 0500, 0550, 0570, 0580, 0640, 0660, 0680, 0690, 0700, 0730, 0800, 0810, 0920, 0950, 1060, 1310, 1440, 1460, 1530, 1610, 1630, 1640, 1700, 1730, 1750, 1760, 1800, 1810, 1820, 1850, 1880, 1890, 1940, 1960, 1970, 2410 and 3090. indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 250		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that:	0 470		

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0 470	Continued From page 13 (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 and interview, the licensee failed to develop and implement staffing plan with required content and failed to ensure it was updated twice per year. Further, the licensee failed to post their 24-hour staffing schedule in a central location. 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 14 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: STAFFING PLAN The licensee lacked a staffing plan for determining its staffing level to include the following: - includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; - 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 - ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety. On June 15, 2026, at 9:49 a.m., during the entrance conference with owner/unlicensed personnel (O/ULP)-E and clinical nurse supervisor (CNS)-C, both stated they did not develop a staffing plan; CNS-C inquired, "who is supposed to do it?" The surveyor explained that the clinical nurse supervisor was required to complete the staffing plan. CNS-C stated they were still working on the staffing plan and stated they emailed O/ULP-E the other day and indicated it needed to be completed. STAFFING SCHEDULE On June 15, 2026, at 9:49 a.m., during the entrance conference with O/ULP-E and CNS-C, O/ULP-E stated they did not have a staffing	0 470		

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0 470	Continued From page 15 schedule posted. O/ULP-E inquired where they were required to post the staffing schedule. The surveyor explained it was required to be posted in a centralized location of the facility. On June 15, 2026, at 10:19 a.m., during the facility tour with O/ULP-E, the surveyor observed the facility lacked a posting with their 24-hour staffing schedule in a central location. Minnesota Administrative Rules 4659.0180 Staffing, Subpart 3 indicated, "A clinical nurse supervisor must develop and implement a written staffing plan that provides an adequate number of qualified direct-care staff to meet the residents' needs 24 hours a day, seven days a week." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 470		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;	0 480		

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0 480	Continued From page 16 (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; (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.	0 480		

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0 480	Continued From page 17 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated June 16, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee on June 16, 2026. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must	0 485		

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0 485	Continued From page 18 be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide a menu a week in advance and inform residents in advance of menu changes. This practice resulted in a level one violation (a violation that will cause only minimal impact on the residents 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: On June 15, 2026, at 10:19 a.m., during the facility tour with owner/unlicensed personnel (O/ULP)-E, the surveyor observed the licensee lacked a posted menu in the facility. O/ULP-E provided a copy of the menu and stated it had not yet been posted. The surveyor inquired if the menu had been distributed to the residents. O/ULP-E stated they had not provided a copy of the menu to any of their residents. The licensee's 12.01 Food Service and Menu	0 485		

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0 485	Continued From page 19 Planning policy dated March 1, 2026, indicated, "1. Menus will be prepared at least one (1) week in advance and made available to all residents. Pinecare Health Assisted Living will encourage residents' involvement in menu planning." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 500 SS=F	144G.41 Subd. 2 Policies and procedures Each assisted living facility must have policies and procedures in place to address the following and keep them current: (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults; (2) conducting and handling background studies on employees; (3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; (4) handling complaints regarding staff or services provided by staff; (5) conducting initial evaluations of residents' needs and the providers' ability to provide those services; (6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (7) orientation to and implementation of the assisted living bill of rights; (8) infection control practices; (9) reminders for medications, treatments, or	0 500		

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0 500	Continued From page 20 exercises, if provided; (10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; (11) ensuring that nurses and licensed health professionals have current and valid licenses to practice; (12) medication and treatment management; (13) delegation of tasks by registered nurses or licensed health professionals; (14) supervision of registered nurses and licensed health professionals; and (15) supervision of unlicensed personnel performing delegated tasks. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement current policies and procedures 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 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 June 17, 2026, at 10:15 a.m., owner/unlicensed personnel (O/ULP)-E provided the licensee's policy binder to the surveyor. The licensee failed to provide the following	0 500		

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0 500	Continued From page 21 policies and procedures related to current assisted living requirements: - requirements in section 626.557, reporting of maltreatment of vulnerable adults; - conducting and handling background studies on employees; - orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; - handling complaints regarding staff or services provided by staff; - competency training and evaluations of staff; - medication and treatment management; - orientation to and implementation of the assisted living bill of rights; - infection control practices; - reminders for treatments or exercises, if provided; - ensuring that nurses and licensed health professionals have current and valid licenses to practice; - medication and treatment management; - supervision of registered nurses and licensed health professionals; and - supervision of unlicensed personnel performing delegated tasks. On June 17, 2026, at 3:00 p.m., the surveyor inquired if O/ULP-E had additional policies to provide as the surveyor observed the licensee's policy binder was set up in sections and only included sections six through twelve. O/ULP-E stated the policies in the binder provided were the only policies they had. On June 17, 2026, at 3:38 a.m., the surveyor observed the above-mentioned policy binder page-by-page and confirmed it only included sections six through twelve, however pages and sections were missing throughout those sections.	0 500		

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0 500	Continued From page 22 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 500		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place the information about the facilities' grievance procedure with the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances, the contact information for the Office of Ombudsman for Long-Term Care (OOLTC) and the Office of Ombudsman for Mental Health and	0 550		

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0 550	Continued From page 23 Developmental Disabilities (OOMHDD), information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC), and information for the Office of Health Facility Complaints (OHFC) at the Minnesota Department of Health. 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: On June 15, 2026, at 10:19 a.m., during the facility tour with owner/unlicensed personnel (O/ULP)-E, the surveyor observed the licensee lacked a posting with information for the grievance procedure, OOLTC, OOMHDD, MAARC, and OHFC. O/ULP-E stated they did not have the required postings posted in the facility. O/ULP-E stated they were located in the facility office, and they had not yet posted them. On June 15, 2026, at 11:07 a.m., the surveyor observed the upstairs office which did not have any of the above-mentioned required postings. O/ULP-E stated they did not have any of the postings to provide. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550		

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0 570	Continued From page 24	0 570		
0 570 SS=C	144G.42 Subdivision 1 Display of license The original current license must be displayed at the main entrance of each assisted living facility. The facility must provide a copy of the license to any person who requests it. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to display the current license at the main entrance of the assisted living facility as required. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level one violation (a violation that will cause only 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: On June 15, 2026, at 10:19 a.m., during the facility tour with owner/unlicensed personnel (O/ULP)-E, the surveyor observed the licensee lacked a posting of their current license. O/ULP-E stated they had not yet posted any of their required postings. O/ULP-E stated they did not have a copy of their license to post. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 570		

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0 580	Continued From page 25	0 580		
0 580 SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in and maintain documentation of ongoing quality management activities relevant to the size and services provided by the assisted living provider. 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: On June 15, 2026, at 9:49 a.m., during the entrance conference, owner/unlicensed personnel (O/ULP)-E stated they had been	0 580		

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0 580	Continued From page 26 having quality management meetings, but they had nothing formal and did not have any notes to provide. Clinical nurse supervisor (CNS)-C stated they had not done quality management meetings yet but were planning on doing them. On June 17, 2026, at 10:15 a.m., O/ULP-E provided the licensee's policy binder to the surveyor. The binder did not include any policies addressing quality management activities. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 580		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post the 911 emergency phone number near the facility house phone. This had the potential to affect all residents, staff, and visitors	0 640		

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0 640	Continued From page 27 at the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On June 15, 2026, at 10:19 a.m., during the facility tour with owner/unlicensed personnel (O/ULP)-E, the surveyor observed the licensee lacked a posting for the 911 emergency number in the common area. O/ULP-E stated they did not have the required 911 posting posted in the facility. O/ULP-E stated the posting was in the facility office and they had not yet posted it. On June 15, 2026, at 11:07 a.m., the surveyor observed the upstairs office which did not have any of the above-mentioned required postings. O/ULP-E stated they did not have any of the postings to provide. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control	0 660		

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0 660	Continued From page 28 program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a tuberculosis (TB) facility risk assessment and failed to conduct TB symptom screenings for their newly hired employees. 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: TB RISK ASSESSMENT The licensee lacked a TB risk assessment. On June 15, 2026, at 9:49 a.m., during the entrance conference, clinical nurse supervisor	0 660		

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0 660	Continued From page 29 (CNS)-C stated they had not completed a TB risk assessment. CNS-C stated creating a TB risk assessment was on their list of things to do for the week. CNS-C stated they were aware a TB risk assessment needed to be completed annually. The Minnesota Department of Health (MDH) frequently asked questions (FAQ) website dated June 5, 2026, indicated, "Each provider licensed by MDH is required to complete a TB risk assessment annually. Completion of this assessment will assist providers in the development of an infection control committee and in determining the frequency of screening." On June 17, 2026, at 10:15 a.m., owner/unlicensed personnel (O/ULP)-E provided the licensee's policy binder. The binder did not contain any policies addressing TB facility risk assessments. TB STAFF SCREENING ULP-B ULP-B was hired on February 13, 2026, to provide direct care for residents. R1's Service Administration Log dated June 2026, listed the services ULP-B provided to R1. ULP-B's employee record lacked TB symptom screening. O/ULP-E O/ULP-E was hired on February 13, 2026, to run the day-to-day operations and provide direct care for residents. On June 17, 2026, at 7:44 a.m., the surveyor observed O/ULP-E administer medication to R2.	0 660		

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0 660	Continued From page 30 O/ULP-E's employee record lacked TB symptom screening. On June 16, 2026, at 3:36 p.m., the surveyor emailed requesting ULP-B and O/ULP-E's TB symptom screenings. On June 17, 2026, at 7:43 a.m., the surveyor made a second request for ULP-B and O/ULP-E's employee records that the surveyor had asked for on June 16, 2026. O/ULP-E stated they had all other employee records at the facility except for the two requested. O/ULP-E stated licensed assisted living director (LALD)-D had the requested files and was on their way to the facility. On June 17, 2026, at 11:27 a.m., the surveyor questioned O/ULP-E when LALD-D would be returning to the facility as ULP-B and O/ULP-E's employee records were missing documentation. O/ULP-E stated they would not be at the facility. O/ULP-E stated LALD-D's husband was the one who dropped off the documents. The licensee's 8.16 Tuberculosis Screening policy dated March 1, 2026, indicated, "Staff whose essential job functions require work within the same air space of home care clients will be screened and tested for tuberculosis prior to the staff being exposed to clients. Baseline (upon hire) screening will be completed, but serial (annual) screening will only be required with increased occupational risk or exposure." The Minnesota Department of Health (MDH) frequently asked questions (FAQ) website dated June 5, 2026, indicated baseline TB screening was required at the time of hire for all health care	0 660		

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0 660	Continued From page 31 personnel in Minnesota to include, "assessing for current symptoms of active TB disease." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
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:	0 680		

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0 680	Continued From page 32 Based on observation, interview, and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content for staff, residents, and visitors to view. 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 June 15, 2026, at 10:19 a.m., during the facility tour with owner/unlicensed personnel (O/ULP)-E, the surveyor observed the licensee lacked a prominently posted EPP. On June 15, 2026, at 11:45 a.m., O/ULP-E stated the EPP was being stored in the facility office. O-E stated they were trying to get a filing cabinet system to store all of their binders including the EPP. O/ULP-E stated they were not aware of the requirement to have their EPP posted prominently. On June 17, 2026, at 2:03 p.m., the surveyor reviewed the licensee's Emergency Preparedness Manual, it was undated and did not identify who developed it. The EPP was only partially tailored to the facility's needs and lacked the following required content: - all-hazards risk assessment (the EPP included a template but was not filled out); - missing resident policy review every three	0 680		

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0 680	Continued From page 33 months; - incident command; - identify at risk population needs like maintaining independence, communication, transportation, supervision and medical care; - identify which staff would assume specific roles in another's absence through succession planning and delegation of authority; - develop policies and procedures (P/P) to address safe evacuation from the facility, including consideration of care/tx needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); - primary/alternate communication means with external sources of assistance; - include a process for cooperation and collaboration with local, tribal, regional, State and Federal EP to maintain integrated response; - develop/implement EP P/P to address the following whether evacuated or shelter in place for staff/residents: - food, water, medical supplies, pharmaceutical supplies; - alternate sources of energy to maintain: - temperatures to protect resident health/safety; - safe/sanitary storage of provisions; - emergency lighting; - fire detection, extinguishing, alarm systems; and - sewage and waste disposal. - qualified person who is authorized in writing to act in the absence of the administrator; - communication plan must include all the following names/contact information: staff, entities providing services under agreement, residents' physicians, other facilities, volunteers; - P/P must address: use of volunteers, including the process/role for integration; - training program must include all of the	0 680		

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0 680	Continued From page 34 following: - initial training in EP P/P to all new and existing staff, individuals providing services under arrangement, and volunteers consistent with their expected role; - provide EP training at least annually; - maintain documentation of all EP training; and - demonstrate staff knowledge of EP. - conduct exercises to test the EP at least twice per year, including unannounced staff drills using the EP -must include the following: -participate in an annual full-scale exercise that is community based OR conduct an annual, individual, facility-based functional exercise OR if the facility experiences an actual emergency requiring activation of plan, facility is exempt from engaging in its next required full-scale exercise; -conduct an additional annual exercise that may include: a second full-scale exercise that is community-based or an individual, facility based functional exercise OR mock disaster drill OR table-top exercise, and -analyze the facility's response to and maintain documentation of all drills, tabletop exercises and emergency events & revise plan as needed. - communication plan must include all of the following: means to providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee. On June 17, 2026, at 3:00 p.m., O/ULP-E stated the EPP was not tailored to the licensee and was missing required information. The licensee's 9.01 Emergency Preparedness	0 680		

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0 680	Continued From page 35 Plan policy dated March 1, 2026, indicated, "It is the intent that [licensee] has in place an effective and compliant Emergency Preparedness Plan. The intent is the plan will be aligned with the Centers for Medicare and Medicaid Services State Operation Manual Appendix Z: "State Operations Manual Appendix Z - Emergency Preparedness for All Provides and Certified Supplier Types: Interpretive Guidance." Minnesota Administrative Rule 4659.0100 Emergency Disaster and Preparedness Plan 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 483.73, or successor requirements. The code references documents, specifications, methods, and standards in the State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 690 SS=D	144G.43 Subdivision 1 Resident record (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	0 690		

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0 690	Continued From page 36 review, the licensee failed to maintain resident records with entries that were legible, permanently recorded, and accurately dated for one of three residents (R2). 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 June 17, 2026, at 7:44 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-E administer medication to R2. O/ULP-E began to document the medication administration on a paper formatted medication administration record (MAR). O/ULP-E signed off for administering brimonidine 0.2 percent (%) eye drop at 7:58 a.m. O/ULP-E stated, "ok this one is wrong" and pointed at the eye drop. The surveyor then observed O/ULP-E place a "X" over the documentation and move to the next medication to document on. O/ULP-E then documented on cyclobenzaprine 10 milligrams (mg) and stated they signed off on the wrong part. The surveyor then observed O/ULP-E scribbled out the time they wrote making the line not legible. O/ULP-E then moved the time up to the line above. On June 17, 2026, at 3:00 p.m., after the surveyor reviewed the policy book and noticed missing policies and pages from the book. The surveyor inquired if the licensee had any additional policies not located in the policy book.	0 690		

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0 690	Continued From page 37 O/ULP-E stated they did not have additional policies and if the policy was not found in the binder, they did not have one. The licensee's policy binder lacked the required policy of clinical records. On June 18, 2026, at 9:20 a.m., clinical nurse supervisor (CNS)-C stated if ULP made a mistake on a paper MAR they were trained to circle the mistake, write their initial by the circle, and use the next box. CNS-C stated they could also document a progress note of what error occurred. Ostendorf, P.A.P.A.G.P.P.A.S.A.H.W. R. (2025). Fundamentals of Nursing (12th ed.). Elsevier Health Sciences (US). https://bookshelf.vitalsource.com/books/9780443245336 Section 26. Informatics and documentation, page 392, Table 26.1, Legal Guidelines for Documentation indicated if your agency used paper documentation, only use black pen with legible handwriting. Do not erase, apply correction fluid, or scratch out errors made while documenting in a paper record. Draw a single line through the error, write the word error above it, and sign your name or initials. Then document note correctly. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 690		
0 700 SS=F	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in	0 700		

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0 700	Continued From page 38 compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure personal health and medical information was protected agsinst loss for two of three residents (R2, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The finding include: R2 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety,	0 700		

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0 700	Continued From page 39 medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R2's Pinecare Health Admission Assessment was completed on March 22, 2026. It was not completed in Residex (charting software) which was the software used by the licensee. R2's Pinecare Health 14-Day Reassessment was completed on April 5, 2026. It was not completed in Residex which was the software used by the licensee, but was in a different format than the March 22, 2026, assessment. R3 R3 was admitted to the licensee on February 10, 2026. R3's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R3 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, verbal aggression and depression, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R3's Pinecare Health Admission Assessment was completed on February 10, 2026. It was not	0 700		

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	42240	A. BUILDING: _____ B. WING _____	06/18/2026

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0 700	Continued From page 40 completed in Residex which was the software used by the licensee. R3's Pinecare Health 14-Day Reassessment was completed on February 24, 2026, which was the software used by the licensee, but was in a different format than the February 10, 2026, assessment. On June 15, 2026, at 1:09 p.m., owner/unlicensed personnel (O/ULP)-E provided assessments for R2 and R3, however they were not completed at the required times, the assessments were completed by clinical nurse supervisor (CNS)-C after they were hired. O/ULP-E stated the assessments provided were reassessments completed by CNS-C, as they did their own admission and 14-day assessments after they were hired. The surveyor explained admission and 14-day assessments could not be redone by CNS-C, and they would need to provide the original admission and 14-day assessments completed by CNS-A (CNS-A was the CNS when R2 and R3 were admitted but was no longer employed with the licensee). On June 16, 2026, at 1:57 p.m., O/ULP-E provided R2 and R3's admission and 14-day assessments. The surveyor questioned where R2 and R3's admission and 14-day assessments came from as they were not from Residex. O/ULP-E stated CNS-A, must have had a template they were using for assessments. The surveyor questioned O/ULP-E why it took so long to provide the assessments for R2 and R3. O/ULP-E stated CNS-A took them home with them and never returned them after CNS-A quit the position; they stated CNS-A just sent the assessments via email today. The surveyor questioned if CNS-A had additional documents	0 700		

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0 700	Continued From page 41 belonging to the facility, O/ULP-E stated they were unsure how many documents they took with them. On June 17, 2026, at 2:36 p.m., the surveyor left a voice message for CNS-A. The surveyor did not receive a return phone call from CNS-A. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 700		
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans;	0 730		

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0 730	Continued From page 42 (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident records included documentation of services provided for three of three residents (R1, R2, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to	0 730		

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0 730	Continued From page 43 affect a large portion or all of the residents). The findings include: R1 R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R1's Service Administration Log dated June 2026, listed the services R1 was receiving but only included documentation for June 16, 2026. The service administration log included the following documented by unlicensed personnel (ULP)-B: - appointment assistance; documented as administered; - bathing assistance - shower or bath; documented as administered; - congregate meal prep - breakfast; documented as administered; - congregate meal prep - lunch; documented as administered; - congregate meal prep - supper; documented as	0 730		

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0 730	Continued From page 44 administered; - congregate meal prep - snack; documented as administered; - dressing; no documentation; - finance assistance; documented as administered; - grooming; no documentation; - home management; documented as administered; - incontinence care; no documentation; - medication administration daily per MAR; documented as administered; - medication administration - every 10 days AM; documented as administered; - medication reminder; documented as administered; - medication setup; documented as administered; - manage behavior - agitation; no documentation; - manage behavior - anxiety; documented as administered; - manage behavior - physical aggression; documented as administered; -manage behavior - self isolation; documented as administered; - manage behavior - self-injurious; no documentation; - manage behavior - verbal aggression; no documentation; - manage symptoms - depression; documented as administered; - shopping assistance - documented as administered; - safety checks 10 AM; documented as administered; - safety checks 12 PM; documented as administered; - safety checks 2 PM; documented as administered; - safety checks 4 PM; documented as administered;	0 730		

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0 730	Continued From page 45 - safety checks 6 PM; documented as administered; - safety checks 8 PM; documented as administered; - socialization; documented as administered; and - transportation - non-medical. R2 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R2's record lacked documentation of services provided. R3 R3 was admitted to the licensee on February 10, 2026. R3's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R3 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast,	0 730		

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0 730	Continued From page 46 congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, verbal aggression and depression, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R3's Service Administration Log dated June 2026, listed the services R3 was receiving but only included documentation for the following documented by ULP-F and ULP-G: - appointment assistance; documented as administered on June 1, 5, and 8; - bathing assistance - shower or bath; documented as administered on June 16; - congregate meal prep - breakfast; documented as administered on June 3, 6, 12, and 16; - congregate meal prep - lunch; documented as administered on June 4, 8, and 14; - congregate meal prep - supper; no documentation; - congregate meal prep - snack; documented as administered on June 4, 8, and 14; - dressing; no documentation; - finance assistance; documented as administered on June 2, 4, and 8; - grooming; documented as administered on June 4, 15, and 16; - home management; documented as administered on June 1, 2, 5, and 11; - incontinence care; documented as administered on June 1; - medication administration daily per MAR; no documentation; - medication reminder; documented as administered on June 2, 5, 10, and 13;	0 730		

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0 730	Continued From page 47 - manage behavior - agitation; documented as administered on June 8, 10, and 14; - manage behavior - anxiety; documented as administered on June 1, 2, 4, 6, 9, 11, 13, and 16; - manage behavior - physical aggression; no documentation; - manage behavior - verbal aggression; documented as administered on June 15; - manage symptoms - depression; documented as administered on June 15 - safety checks 10 AM; documented as administered June 1-16; - safety checks 12 PM; documented as administered June 1-16; - safety checks 2 PM; documented as administered June 1-16; - safety checks 4 PM; documented as administered June 1-16; - safety checks 6 PM; documented as administered June 1-16; - safety checks 8 PM; documented as administered June 1-16; - shopping assistance - documented as administered June 1, 5, 10, 14, and 15; - socialization; documented as administered June 2, 4, 5, 7, 9, 11, 13, and 15; - symptom screening; documented as administered on June 2, 8, and 12; and - transportation - non-medical; documented as administered on June 1, 4, 7, 12, and 15. On June 16, 2026, at 1:09 p.m., the surveyor observed R3 receive a prepared meal. On June 16, 2026, at 2:02 p.m., clinical nurse supervisor (CNS)-C and owner/unlicensed personnel (O/ULP)-E stated they were in the process of switching to Residex (charting software) but had not yet implemented it.	0 730		

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0 730	Continued From page 48 On June 17, 2026, at 7:44 a.m., the surveyor observed O/ULP-E administer medication to R2. On June 17, 2026, at 9:18 p.m., the surveyor requested service logs for R1, R2, and R3 from O/ULP-E. On June 17, 2026, at 10:08 a.m., the surveyor again requested the service logs for R1, R2, and R3 from O/ULP-E. On June 17, 2026, at 10:34 a.m., O/ULP-E stated they could not find all of the service documentation for their residents. O/ULP-E provided some of R1 and R3's service logs and stated they found them in the kitchen on the countertop. The surveyor observed and stated it appeared the service logs for R1 and R3 were written in the same handwriting for two different ULP's. The surveyor showed O/ULP-E that two different ULP's, ULP-F and ULP-G, had both documented on R3's service administration and the handwriting was identical. O/ULP-E stated the handwriting did look the same and they could not be sure who wrote either service administration. On June 17, 2026, at 10:38 a.m., O/ULP-E stated they talked to ULP-G who stated they admitted to falsifying documentation on the service administration documentation for both R1 and R3. O/ULP-E stated they did not have service administration documentation for R2's services. O/ULP-E stated ULP-G admitted they did not complete their rounds and did not complete all of their documentation. O/ULP-E stated they did not know when they falsified the documentation. On June 17, 2026, at 10:51 a.m., O/ULP-E stated they talked to ULP-F and they "fessed up," and they had not been completing their rounds on the	0 730		

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0 730	Continued From page 49 overnight shift, they had just been filling things out. O/ULP-E stated they were not sure when they completed the false documentation. O/ULP-E stated the handwriting on the documentation looked exactly the same. O/ULP-E stated ULP-F and ULP-G were "buddies," and both worked the overnight shift. O/ULP-E stated ULP-F stated they falsified all of the overnight documentation the night before for both ULP-F and ULP-G. On June 17, 2026, at 10:57 a.m., the surveyor called ULP-F who stated they worked the overnight shift at the facility. The surveyor explained to ULP-F that their boss, O/ULP-E, stated they confessed to falsifying documentation of service administration and that they did not complete their overnight service tasks. ULP-F stated, "not at all," and asserted they did provide the services. On June 17, 2026, at 11:25 a.m. CNS-C stated they had not completed all of the training for utilizing Residex, so they were still using paper for medication administration documentation. On June 17, 2026, at 11:29 a.m., CNS-C stated they had trained staff how to use Residex but were also still using paper charting right now. CNS-C stated Residex charting was available for ULP's to use in addition to the paper charting. On June 17, 2026, at 11:47 a.m., the surveyor questioned CNS-C if they were aware ULP-F and ULP-G were falsifying service documentation on the overnight shift. CNS-C stated, "no," and O/ULP-E simultaneously started to say, "yes," but then stopped themselves after they started to say it. O/ULP-E stated they had not yet told CNS-C but had only just found out about it but should	0 730		

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0 730	Continued From page 50 have told CNS-C immediately. O/ULP-E stated CNS-C had been on staff about using Residex. CNS-C stated they agreed with O/ULP-E and they must start to implement Residex documentation. The surveyor informed CNS-C and O/ULP-E of their interview with ULP-F who denied falsifying documentation and stated they were completing their tasks as they were trained to do; O/ULP-E stated they were upset and frustrated by this information. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. 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	0 800		

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0 800	Continued From page 51 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 June 15, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 810 SS=I	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 52 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 three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated June 15, 2026, for the specific violations related	0 810		

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0 810	Continued From page 53 the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 920 SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract to	0 920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42240	A. BUILDING: _____ B. WING _____	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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0 920	Continued From page 54 include a disclosure of the facility's ability to provide specialized diets for three of three residents (R1, R2, R3). This practice resulted in a level one violation (a violation that will cause only 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: The licensee's blank Resident Contract for Assisted Living lacked a disclosure of the facility's ability to provide specialized diets. R1 R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical.	0 920		

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0 920	Continued From page 55 R1's Resident Contract for Assisted Living, unsigned, lacked a disclosure of the facility's ability to provide specialized diets. R2 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R2's Resident Contract for Assisted Living, effective March 21, 2026, lacked a disclosure of the facility's ability to provide specialized diets. R3 R3 was admitted to the licensee on February 10, 2026. R3's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R3 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance	0 920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 920	Continued From page 56 assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, verbal aggression and depression, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R3's Resident Contract for Assisted Living, effective February 10, 2026, lacked a disclosure of the facility's ability to provide specialized diets. On June 17, 2026, at 9:18 a.m., owner/unlicensed personnel (O/ULP)-E stated they did not think specialized diets were addressed in their contract and were not aware it was required to be addressed in the contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 920		
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 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	0 950		

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0 950	Continued From page 57 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 provide residents with the required verbatim notice on a document separate from the contract to elect or decline a designated representative for three of three residents (R1, R2, R3). This practice resulted in a level one violation (a violation that will cause only 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: R1 R1 was admitted to the licensee on February 17, 2026.	0 950		

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0 950	Continued From page 58 R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R2 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R3 R3 was admitted to the licensee on February 10,	0 950		

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0 950	Continued From page 59 2026. R3's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R3 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, verbal aggression and depression, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. The licensee's blank Resident Contract for Assisted Living indicated the resident could identify or decline a designated representative on page one. On page two the blank contract had the required verbatim language, however, it was not on its own page. The required verbatim language was on the same page as, "Important Contact Information," which included facility contact information and license information. The required verbatim language was imbedded in a paragraph along with information unrelated to the designated representative. The blank contract template was used for R1, R2, and R3. The licensee also had a blank Designated Representative form which included the required information; however, it was not used for R1, R2, or R3. On June 16, 2026, at 9:29 a.m., owner/unlicensed personnel (O/ULP)-E stated	0 950		

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0 950	Continued From page 60 they did not have a signed designated representative form for R1, R2, or R3. O/ULP-E stated they were aware a designated representative form was a requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.	01060		

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01060	Continued From page 61 (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, or designated representative, and failed to provide the notification to the Office of Ombudsman for Long-Term Care (OOLTC) of the emergency relocation of greater than four days for one of one resident (R2). 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:	01060		

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01060	Continued From page 62 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for behavior management, appointment assistance, medication administration, congregate meals, and shopping assistance. R2's assessment dated June 2, 2026, indicated the assessment was completed due to R2's return from the hospital. R2's progress notes dated June 2, 2026, at 11:29 p.m., written by clinical nurse supervisor (CNS)-C indicated R2 went to the hospital via ambulance on Saturday May 30, 2026, and returned to the licensee on June 2, 2026, after they discharged themselves from a rehab facility. On June 15, 2026, at 11:32 a.m., owner/unlicensed personnel (O/ULP)-E stated R2 went to the emergency room and was admitted to the hospital on May 30, 2026, and was then discharged to a transitional care unit (TCU) on June 2, 2026. O/ULP-E stated R2 immediately left the TCU on their own and showed up at the facility. O/ULP-E stated R2 did not want to stay at the TCU for 14 days so they decided to leave and come home. O/ULP-E stated they did not know what an emergency relocation form was, and they did not know they needed to contact the Ombudsman if a resident was gone for four days. On June 15, 2026, at 11:38 a.m., the surveyor questioned if CNS-C completed an emergency relocation form for R2. CNS-C stated, "is that a requirement now?" CNS-C stated they were unaware of the requirement.	01060		

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01060	Continued From page 63 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01310 SS=I	144G.60 Subd. 3 Licensed health professionals and nurses (a) Licensed health professionals and nurses providing services as staff members of a licensed facility must possess a current Minnesota license or registration to practice. (b) Licensed health professionals and registered nurses must be competent in assessing resident needs, planning appropriate services to meet resident needs, implementing services, and supervising staff if assigned. (c) Nothing in this section limits or expands the rights of nurses or licensed health professionals to provide services within the scope of their licenses or registrations, as provided by law. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure a registered nurse (RN), clinical nurse supervisor (CNS)-C, competently fulfilled their clinical duties for the licensee in assessing resident needs, planning appropriate services to meet resident needs, and implementing resident services services. 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	01310		

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01310	Continued From page 64 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 had a provisional assisted living facility license issued on October 20, 2025, with an expiration date of October 19, 2026. The Minnesota Board of Nursing website indicated CNS-C held an active RN license which was issued on March 28, 2016, and expired on January 31, 2028. The licensee's Employee List indicated CNS-C was hired on March 31, 2026. CNS-C was hired to provide clinical oversight to residents and staff. On June 15, 2026, at 9:49 a.m., the surveyor conducted the entrance conference with CNS-C on the phone. CNS-C stated they were not planning to be on site during the survey but would be available by phone. On June 15, 2026, at 10:39 a.m., owner/unlicensed personnel (O/ULP)-E stated they were unhappy with CNS-C's job performance. O/ULP-E stated they lost their previous nurse and were in a situation where they had to hire one quickly stating they needed to hire "someone with a pulse." O/ULP-E stated they could really use CNS-C's help right now as they were not as familiar with the survey process as CNS-C was. O/ULP-E stated they did not have clinical knowledge or know where every clinical document was. O/ULP-E stated they really wished CNS-C would come on site to the facility as it was part of their job and what they were	01310		

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01310	Continued From page 65 being paid to do. On June 16, 2026, at 9:12 a.m., the surveyor questioned O/ULP-E if CNS-C would be on site for the survey today. O/ULP-E stated CNS-C told them they could work remotely from home and didn't need to be at the facility. On June 16, 2026, at 9:15 a.m., the surveyor questioned CNS-C why they were unable to be on site for the survey. CNS-C stated they were able to be on site for the survey, but it was their understanding they the requirement was to be available. The surveyor stated it was rare for a nurse to not make every effort to be on site, especially during a provisional license survey. CNS-C stated, "I can be there, do you want me to be there?" The surveyor explained it was not the surveyor's decision to make, it was CNS-C's decision to make. The surveyor explained the survey was for a provisional license and was important to the licensee, and the survey would determine whether they will be granted a full license. CNS-C again stated, "do you want me to be there?" The surveyor explained it was up to them whether they wanted to be on site for the survey. On June 16, 2026, at 9:34 a.m., O/ULP-E stated CNS-C was on their way into the facility. On June 17, 2026, at 11:47 a.m., CNS-C stated they were also a licensed assisted living director (LALD) at two additional facilities owned by a different licensee with a capacity of five residents at each facility. Throughout the course of the survey, CNS-C displayed a lack of knowledge and failed to implement the licensee's policies to provide	01310		

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01310	Continued From page 66 effective resident care and staff supervision in the following areas: EMERGENCY RELOCATION On June 15, 2026, at 11:38 a.m., the surveyor questioned if CNS-C completed an emergency relocation form for R2. CNS-C stated, "is that a requirement now?" CNS-C stated they were unaware of the requirement. STAFFING PLAN On June 15, 2026, at 9:49 a.m., during the entrance conference with O/ULP-E and CNS-C, both stated they did not develop a staffing plan; CNS-C inquired, "who is supposed to do it?" The surveyor explained that the clinical nurse supervisor was required to complete the staffing plan. CNS-C stated they were still working on the staffing plan and stated they emailed O/ULP-E the other day and indicated it needed to be completed. SUPERVISION OF ULPS On June 17, 2026, at 11:47 a.m., the surveyor requested ULP-B, O/ULP-E, ULP-F, and ULP-G's RN 30-day nursing supervision documentation. CNS-C stated they completed them in Residex (charting software). CNS-C stated they were unable to locate the RN 30-day supervisions. TB RISK ASSESSMENT On June 15, 2026, at 9:49 a.m., during the entrance conference, CNS-C stated they had not completed a TB risk assessment. CNS-C stated creating a TB risk assessment was on their list of things to do for the week. CNS-C stated they were aware a TB risk assessment needed to be completed annually. MEDICATION LABELING	01310		

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(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
01310	Continued From page 67 On June 16, 2026, at 10:32 a.m., the surveyor observed R1's bedroom with O/ULP-E which included a Lantus Solostar insulin pen and a Novolog FlexPen, both were on the carpeted floor and were partially used. Both insulin pens lacked resident identifying information and opened-on dates. O/ULP-E stated both of the insulin pens were in use by R1. O/ULP-E stated they did not have any additional insulin pens in storage for R1, and they were the last two insulin pens R1 had. On June 16, 2026, at 10:39 a.m., the surveyor observed R2's medication drawer with O/ULP-E. The surveyor observed a cyclobenzaprine medication bottle with R1's identifying information on it which contained two white oval acetaminophen 650mg tablets with identification engravings G 650. The surveyor observed a plastic sandwich bag which included eight round blue cyclobenzaprine 10mg tablets with U 12 engravings on them, the bag had no resident identifying information. The surveyor observed three bottles of brimonidine tartate 0.2% ophthalmic solution and two bottles of dorzolamide hydrochloride/timolol maleate 2%/0.5% ophthalmic solution bottles in R2's medication drawer; all five bottles were opened and lacked patient identifying information or pharmacy labels. O/ULP-E stated R2 brought the above-mentioned eye drop bottles with them when they were admitted. O/ULP-E stated they were unaware of the loose cyclobenzaprine in the bag and the acetaminophen in the cyclobenzaprine bottle. On June 16, 2026, at 11:52 a.m., CNS-C stated both of the above-mentioned insulin pens belonged to R1. On June 16, 2026, at 1:57 p.m., CNS-C stated	01310		

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01310	Continued From page 68 both of R1's insulin pens lacked resident labeling of any kind and opened-on dates. CNS-C stated they were aware of the requirement. On June 16, 2026, at 2:02 p.m., CNS-C stated they did a medication reconciliation for all residents when they were admitted. CNS-C stated they were unaware R2's medication drawer had the above-mentioned eye drop bottles, or loose cyclobenzaprine and acetaminophen in the wrong bottle. CNS-C stated they had been planning on being at the facility on the upcoming Friday, June 19, 2026, to go through the medication cabinet and drawers. On June 17, 2026, at 11:29 a.m., CNS-C stated the above-mentioned medications for R2 were brought in by the resident when they were admitted. CNS-C stated they were not administering the above-mentioned medications for R2 because they were waiting for new medications to be delivered by the pharmacy. MEDICATION MANAGEMENT PLAN, MEDICATION STORAGE, AND TRANSCRIPTION ERRORS On June 16, 2026, at 2:02 p.m., the surveyor inquired who was managing R1's medication. O/ULP-E stated they had been ordering and picking up R1's medications from the pharmacy. O/ULP-E stated it was a special situation where they were trying to advise R1 to help make sure they would take their medication. O/ULP-E stated R1 made frequent accusations that their medications had been tampered with. The surveyor inquired, "so essentially you let [R1] do what [R1] wants with [R1's] medications so that [R1] doesn't have behaviors?" O/ULP-E stated, "Yes." CNS-C stated to O/ULP-E, "[R1] is self-administering right?" The surveyor inquired	01310		

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01310	Continued From page 69 who was making the decisions whether R1 should be self-administering medication or not, CNS-C or O/ULP-E? CNS-C stated R1 was their own person so they could not tell him whether they could self-administer their medications. CNS-C stated they learned today R1 was no longer being seen by their clinic since R1 was missing appointments. CNS-C stated their assessments of R1 indicated R1 was not safe to self-administer medications, and they should be storing all medications for R1. CNS-C stated they would be updating R1's record with a new assessment and switching R1's assessment to indicate they were safe to self-administer medications immediately. The surveyor stated the concern was R1 was self-administering medication after CNS-C determined they were unsafe to do so, and the surveyor inquired if CNS-C believed R1 was safe to self-administer medications? CNS-C stated R1 was not safe to administer their own medications. CNS-C then stated, "You are right, my documentation should stay the same about not being safe" and "that is good professional advice." O/ULP-E stated that sometimes R1 will allow them to manage their medication. CNS-C stated R3 was safe to administer their own medication and their assessment was incorrect. On June 17, 2026, at 11:25 a.m., CNS-C stated ULP were trained to look at the pill color and shape and then open the pill bottles to identify medications if they had concerns with what medications were being given. CNS-C stated they had the medications listed in Residex (documentation software) and the ULP could match the pill bottles to the medication in Residex, however, ULP were currently using the paper format MAR to administer medications. CNS-C stated ULP had received "some" training	01310		

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01310	Continued From page 70 on how to use Residex. CNS-C stated R2's cephalexin, furosemide, and minocycline were all new orders as of yesterday. CNS-C stated they entered the orders in Residex and they believed they placed the orders on the paper MAR. CNS-C stated they had updated the new MAR with the current medication. CNS-C stated carvedilol was entered incorrectly by accident. CNS-C stated they had an order for gabapentin they previously received. The surveyor asked them to provide them with the order. CNS-C stated the lidocaine was not given and they had fixed the dose on the new paper MAR. CNS-C stated R2 was not currently using the eye drop and it was a typo error. MEDICATION PRESCRIPTIONS On June 16, 2026, at 10:06 a.m., O/ULP-E stated CNS-C was supposed to have faxed medication and treatment order requests to R1 and R2's clinic but never did it. On June 16, 2026, at 1:57 p.m., CNS-C stated they were not employed at the time of R1 and R2's admission and were not sure what was prescribed at the time of admission. CNS-C stated they would look for R1 and R2's current medication orders. On June 16, 2026, at 2:02 p.m., O/ULP-E stated they had tried to get orders from R1 via Bluestone (an online communication program for providers) but had been unsuccessful. CNC-C stated they did not have prescriptions for R2. CNS-C stated they had been trying to obtain orders for R2 but had not heard back from the clinic and were going to fax R2's medication history over to them. OVER THE COUNTER (OTC) MEDICATIONS On June 16, 2026, at 2:02 p.m., CNS-C stated	01310		

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01310	Continued From page 71 over the counter (OTC) drug management and administration was up to O/ULP-E. O/ULP-E stated they did not have an issue with OTC being self-administered. O/ULP-E stated they did not have a policy to address OTC medications. SERVICE PLANS On June 16, 2026, at 9:15 a.m., the surveyor inquired if they had signed services plans for their residents. CNS-C stated, "at this point I am not really sure." CNS-C stated they had not obtained a service plan signature themselves from any of the residents since they were hired. CNS-C stated if residents did have signed services plans, they did not know where to find them. CNS-C stated they had not had any of the residents sign a service plan since they were hired. CNS-C stated they were aware a signed service plan was required and had planned on working on them for all three residents this week. TREATMENT DOCUMENTATION, ADMINISTRATION, AND DOCUMENTATION Service plans for R1 and R2 did include some of the treatments they were receiving but were not signed by the residents. On June 16, 2026, at 1:57 p.m., CNS-C stated they would look for R1 and R2's treatment orders. On June 16, 2026, at 2:02 p.m., CNS-C stated they were supposed to be checking R1's blood glucose (BG) but R1 would not allow them to. CNS-C stated R1 tells staff that they are checking their BG levels themselves but at this time they had no way of knowing if R1 was actually checking their BG. On June 17, 2026, at 11:47 a.m., CNS-C stated they were unable to find any treatment orders for	01310		

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01310	Continued From page 72 R1 or R2. CNS-C stated they were unable to locate individualized treatment plans for R1 and R2. On June 17, 2026, at 11:47 a.m., CNS-C stated they were providing treatments for R1 and R2 but were unable to locate any documentation. CNS-C stated they did not have documentation for R1 or R2's BG checks. CNS-C stated R2 was supposed to be having their BG checked by the facility staff but was unsure if it was being completed. On June 17, 2026, at 12:35 p.m., CNS-C stated R2 was supposed to have BG checks two times a day. CNS-C scrolled through R2's glucometer to show the surveyor if they had been checking R2's BG levels. R2's glucometer indicated the following BG checks: -May 26, 2026, BG level 197; -June 2, 2026, BG 117; -June 5, 2026, BG 225; -June 5, 2026, BG 165; -June 8, 2026, BG 177; -June 11, 2026, BG 127; -June 12, 2026, BG 197; -June 15, 2026, BG 102; -June 15, 2026, BG 174; -June 16, 2026, BG 144; and -June 17, 2026, BG 219. On June 17, 2026, at 1:16 p.m., R2 stated the licensee was not checking their BG two times per day; they stated typically their BG wasn't checked at all. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01310		

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01440	Continued From page 73	01440		
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 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 observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services for four of four employees (unlicensed personnel (ULP)-B, owner/ULP (O/ULP)-E, ULP-F, ULP-G). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01440		

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01440	Continued From page 74 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: ULP-B ULP-B was hired on February 13, 2026, to provide direct care for residents. On June 16, 2026, at 1:09 p.m., the surveyor observed ULP-B cooking lunch for R3. ULP-B's employee record lacked evidence a RN 30-day supervision was completed. O/ULP-E O/ULP-E was hired on February 13, 2026, to run the day-to-day operations and provide direct care for residents. On June 17, 2026, at 7:44 a.m., the surveyor observed O/ULP-E administer medications to R2. O/ULP-E's employee record lacked evidence a RN 30-day supervision was completed. ULP-F ULP-F was hired on April 21, 2026, to provide direct cares for residents. ULP-F's employee record lacked evidence a RN 30-day supervision was completed. ULP-G ULP-G was hired on April 21, 2026, to provide	01440		

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01440	Continued From page 75 direct care for residents. ULP-G's employee record lacked evidence a RN 30-day supervision was completed. On June 17, 2026, at 11:47 a.m., the surveyor requested ULP-B, O/ULP-E, ULP-F, and ULP-G's RN 30-day nursing supervision documentation. Clinical nurse supervisor (CNS)-C stated they completed them in Residex (charting software). CNS-C stated they were unable to locate the RN 30-day supervisions. A policy addressing RN 30-day supervisions was requested but one was not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01460 SS=D	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 living facility to another facility operated by the same licensee or by a licensee affiliated with the	01460		

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01460	Continued From page 76 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 observation, interview, and record review, the licensee failed to ensure employees received orientation to assisted living statutes for one of two direct care employees (owner/unlicensed personnel (O/ULP)-E). 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:	01460		

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01460	Continued From page 77 O/ULP-E O/ULP-E was hired on February 13, 2026, to run the day-to-day operations and provide direct care for residents. O/ULP-E's employee record lacked required orientation training to include the following topics: - overview of Assisted Living statutes; - review of provider's policies and procedures; - Assisted Living Bill of Rights; - handing of resident complaints, reporting of complaints, where to report; - consumer advocacy services; - review of types of Assisted Living services the employee will provide and provider's scope of license; - principles of person-centered planning/service delivery; and - hearing loss training (optional). On June 16, 2026, at 3:36 p.m., the surveyor emailed O/ULP-E a request for their orientation training documentation. On June 17, 2026, at 7:43 a.m., the surveyor made a second request for O/ULP-E and ULP-B's employee records that the surveyor had asked for on June 16, 2026. O/ULP-E stated they had all employee records at the facility but the two requested. O/ULP-E stated licensed assisted living director (LALD)-D had the files and was on their way to the facility. On June 17, 2026, at 7:44 a.m., the surveyor observed O/ULP-E administer medications to R2. On June 17, 2026, at 11:27 a.m., the surveyor again requested O/ULP-E's orientation training. O/ULP-E stated they did not know where it was or if it had been completed.	01460		

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01460	Continued From page 78 A policy addressing orientation training was requested, but one was not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01460		
01530 SS=F	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on	01530		

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01530	Continued From page 79 topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure eight hours of initial dementia training and two hours of initial mental illness and de-escalation training was conducted within 160 hours of providing direct care to residents for two of two direct care staff (unlicensed personnel (ULP)-B, owner/unlicensed personnel (owner/ULP)-E). 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: On June 17, 2026, at 7:43 a.m., the surveyor made a second request for O/ULP-E and ULP-B's employee records that the surveyor had asked for	01530		

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01530	Continued From page 80 on June 16, 2026. O/ULP-E stated they had all employee records at the facility but the two requested. O/ULP-E stated licensed assisted living director (LALD)-D had the files and was on the way to the facility. ULP-B ULP-B was hired on February 13, 2026, to provide direct care for residents. ULP-B's employee record lacked dementia training, mental health and de-escalation training; the record had zero hours of training. On June 16, 2026, at 1:09 p.m., the surveyor observed ULP-B cooking lunch for R3. O/ULP-E O/ULP-E was hired on February 13, 2026, to run the day-to-day operations and provide direct care for residents. O/ULP-E's employee record lacked dementia training, mental health and de-escalation training; the record had zero hours of training. On June 17, 2026, at 7:44 a.m., the surveyor observed O/ULP-E administer medications to R2. On June 17, 2026, at 11:27 a.m., the surveyor questioned O/ULP-E if LALD-D would return to the facility. O/ULP-E stated LALD-D did not come to the facility, it was LALD-D's husband who dropped off the paperwork. The surveyor explained employee records were missing dementia, mental health, and de-escalation training. O/ULP-E stated LALD-D would not be returning with further documents. A policy addressing mental health and	01530		

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	42240	A. BUILDING: _____ B. WING _____	06/18/2026

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01530	Continued From page 81 de-escalation training was requested but one was not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a comprehensive assessment on, or before, the date of admission for one of three residents (R2). This practice resulted in a level two violation (a	01610		

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01610	Continued From page 82 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: R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R2's Admission Assessment was dated March 22, 2026, one day after R2's date of admission. On June 17, 2026, at 7:44 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-E administer medications to R2. On June 16, 2026, at 1:57 p.m., clinical nurse supervisor (CNS)-C stated they were not employed with the licensee at the time of R2's	01610		

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01610	Continued From page 83 admission assessment and did not know why it was completed late. The assessments were completed by CNS-A. The licensee's 6.02 Assessment Schedules policy dated December 16, 2025, indicated an, "Initial Resident Nursing Assessment," was due to be completed, "Prior to the date on which a prospective resident executes a contract with the facility or the date on which a prospective resident moves in, whichever is earlier." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01610		
01630 SS=F	144G.70 Subd. 3 Temporary service plan When a facility initiates services and the individualized assessment required in subdivision 2 has not been completed, the facility must complete a temporary plan and agreement with the resident for services. A temporary service plan shall not be effective for more than 72 hours. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to complete a temporary service plan as required at the time of admission for three of three residents (R1, R2, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and	01630		

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01630	Continued From page 84 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: R1 R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R2 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack,	01630		

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01630	Continued From page 85 congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. On June 17, 2026, at 7:44 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-E administer medications to R2. R3 R3 was admitted to the licensee on February 10, 2026. R3's service plan undated and unsigned indicated R3 received services for meals, money management, assistance making appointments, bathing, grooming, medication setups and monitoring, eating, walking, and mental health management. R3's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R3 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, verbal aggression and depression, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical.	01630		

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01630	Continued From page 86 R1, R2 and R3's records lacked a temporary service plan as required at the time of admission. On June 16, 2026, at 9:15 a.m., the surveyor inquired if they had signed service plans for their residents. Clinical nurse supervisor (CNS)-C stated, "at this point I am not really sure." CNS-C stated they had not obtained a service plan signature themselves from any of the residents since they were hired but were aware of the requirement. CNS-C stated they were not employed with the licensee when R1, R2 and R3 were admitted. The licensee's 6.07 Service Plan - Temporary policy dated March 1, 2026, indicated: " POLICY: If Pinecare Health Assisted Living initiates services prior to an individualized assessment having been completed, Pinecare Health Assisted Living will create a temporary service plan and agreement with the resident for services. PROCEDURE: 1. A temporary service plan will not be utilized for more than 72 hours. 2. An individualized assessment will be completed prior to the expiration of the temporary service plan. " No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01630		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date	01640		

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01640	Continued From page 87 that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to obtain signatures on service plans for three of three residents (R1, R2, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:	01640		

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01640	Continued From page 88 R1 R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R2 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization,	01640		

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01640	Continued From page 89 symptom screening 1, and transportation nonmedical. On June 17, 2026, at 7:44 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-E administer medications to R2. R3 R3 was admitted to the licensee on February 10, 2026. R3's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R3 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, verbal aggression and depression, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. On June 16, 2026, at 9:15 a.m., the surveyor inquired if they had signed services plans for their residents. CNS-C stated, "at this point I am not really sure." CNS-C stated they had not obtained a service plan signature themselves from any of the residents since they were hired. CNS-C stated if residents did have signed services plans, they did not know where to find them. CNS-C stated they did not have any of the residents sign a service plan since they were hired. CNS-C stated they were aware a signed service plan was required and had planned on working on them for	01640		

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01640	Continued From page 90 all three residents this week. The licensee's 6.08 Service Plan policy dated March 1, 2026, indicated, " 2. The service plan and any revisions shall include a signature or other authentication by Pinecare Health Assisted Living and by the resident, or resident's representative, documenting agreement on the services to be provided. " No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01700 SS=F	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or	01700		

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01700	Continued From page 91 designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to document an accurate medication management assessment completed by a registered nurse (RN) to include all required content prior to providing medication management services for two of three residents (R1, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). R1 R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage	01700		

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01700	Continued From page 92 behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R1's Medication Administration Record (MAR) dated June 14, 2026, indicated R1 took the following medications: - "Albuterol HFA 1-2 puffs inhale short q6h [every 6 hours] PRN [as needed]"; prescribed; - "Basaglar Kwik Pen 40 units subcut [subcutaneous] Pm"; prescribed; - "Bisacodyl Suppository 10mg [milligrams] rectal co daily PRN"; prescribed; - "Calcium Carbonate 1000mg PO [by mouth] heartbur [heartburn] q6h PRN"; prescribed; - "Cetirizine 10mg PO allergies daily PRN"; prescribed; - "cyclobenzaprine 10mg PO muscle spasm TID [three times per day] PRN"; prescribed; - "DUloxetine 60mg PO Am"; prescribed; - "Gabapentin 900mg (3 caps) PO Pm"; prescribed; - "Glucose 4g [grams] chewable 16g PO hypoglyce [hypoglycemia] PRN once"; prescribed; - "Haloperidol 5mg PO - 8AM Am"; no prescription; - "Haloperidol 5mg PO - 4PM"; no prescription; - "Ibuprofen 400mg PO pain BID [twice per day] PRN"; prescribed; - "Insulin Aspart 8 units w/meals Sub [subcutaneous]; unsigned after visit summary (AVS) dated April 12, 2026, indicated an updated dose to 14u; - "Levothyroxine 75 [micrograms] mcg"; prescribed;	01700		

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01700	Continued From page 93 - "Mirtazapine 7.5mg PO insomnia QHS [at hour of sleep] PRN"; prescribed; - "Nystatin powder topical antifungal BID PRN" prescribed; - "Olanzapine 5mg PO paranoia/agitation BID PRN"; prescribed; - "Ondansetron 4mg PO nausea/vomiting q8h PRN"; prescribed; and - "Risperidone 3mg (6mg dose) PO psycho daily x21d PRN"; no prescription. R1's Discharge Summary signed and dated December 10, 2025, indicated, in part, R1 was prescribed the following medications: - glucose 4g chewable tablet; chew and swallow four tablets (16g) PO PRN; on the MAR - insulin aspart (NOVOLOG) 100u/ml pen injection, inject 8u SQ with meals and 3u PRN with snacks; on the MAR; - insulin glargine (BASAGLAR KWIKPEN) injection 100u/ml, inject 40u subcutaneously (SQ) every evening; on the MAR; - omeprazole (PRILOSEC) 40mg capsule, take one (40mg) PO daily, take one hour before first meal of the day; not on the MAR. R1's After Visit Summary (AVS) dated April 12, 2026, unsigned, indicated, in part, R1 was prescribed the following medications: - acetaminophen 500mg tablet, take 1,000mg PO three times daily; not on the MAR; - insulin glargine injection 100u/ml pen, inject 40u SQ at bedtime for type two diabetes; on the MAR; - Novolog FLEXPEN 100u/ml, inject 14u SQ with meals for diabetes type two; not on the MAR and dose does not match the signed orders on December 10, 2025; - omeprazole 40mg capsule, take one (40mg) PO daily, take one hour before first meal of the day; not on the MAR;	01700		

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(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
01700	Continued From page 94 R1's Assessment dated May 18, 2026, indicated R1 required the following medication assistance: - daily medication reminders; - daily assistance with medication administration; and - secure storage of all medications. R3 R3 was admitted to the licensee on February 10, 2026. R3's service plan undated and unsigned indicated R3 received services for meals, money management, assistance making appointments, bathing, grooming, medication setups and monitoring, eating, walking, and mental health management. R3's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R3 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, verbal aggression and depression, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R3's Assessment dated May 18, 2026, indicated R3 required the following medication assistance: - daily medication reminders; - secure storage of all medication; and	01700		

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	42240	A. BUILDING: _____ B. WING _____	06/18/2026

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01700	Continued From page 95 - indicated self-administration of medications was not applicable. On June 15, 2026, at 10:19 a.m., during the facility tour with owner/unlicensed personnel (O/ULP)-E, the surveyor observed the downstairs living room which had some of R1's belongings laid out on the floor in the middle of the room which included a camera, bar of soap, mail, metro transit receipts, iodine, and gauze. There was also a clear plastic sandwich bag with two round orange senna-docusate 8.6-50mg tablets with an engraved label on the two pills of PH 32. O/ULP-E stated R1 was, "very OCD [(obsessive compulsive disorder)] about certain belongings." On June 16, 2026, at 9:08 a.m., O/ULP-E stated R1 does their own insulin and, "kind of does [their] own thing with [their] medications." O/ULP-E stated R3 managed their own medications. On June 16, 2026, at 10:59 a.m., O/ULP-E stated R3 managed their own medication. The surveyor observed medications at R3's bedside table in their bedrooms. On June 16, 2026, at 1:09 p.m., O/ULP-E stated they were performing medication setups for R3. On June 16, 2026, at 1:50 p.m., O/ULP-E stated they did not have documentation of R3's medication setups. On June 16, 2026, at 9:54 a.m., The surveyor questioned O/ULP-E why R1 had a MAR if they were managing their own medications. O/ULP-E stated R1 was having mental health issues and frequently made accusations their medications have been tampered with. O/ULP-E stated, "it is a	01700		

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01700	Continued From page 96 tricky situation, [R1] is on a civil commitment as well and has been playing good-cop bad-cop trying to get him to take his medications." O/ULP-E stated they were setting up R1's medications for them in a pill strip container, remaining medication left in the original medication bottles were kept in the locked medication cabinet. The surveyor inquired if R1 had been assessed to be safe to administer their own medication, O/ULP-E stated they would need to check with CNS-C. On June 16, 2026, at 10:32 a.m., the surveyor observed R1's bedroom with O/ULP-E and observed the following medications in their room: - glucose tablets grape flavor; - haloperidol 5mg tablet, - insulin glargine injection 100u/ml pen, inject 40u SQ at bedtime for type two diabetes; on the MAR; - melatonin 10mg gummies; - Novolog FLEXPEN 100u/ml, inject 14u SQ with meals for diabetes type two; not on the MAR and does not match the signed orders on December 10, 2025; - quetiapine 100mg tablet; take one tablet PO daily at bedtime; - a pill setup strip with an AM and PM side for Sunday through Saturday which included - acetaminophen 500mg tablet, one tablet, in the AM for Monday - Wednesday; - omeprazole 40mg one capsule, in the AM for Monday - Wednesday; - acetaminophen 500mg tablet, one tablet in PM for Sunday, Monday and Friday; - senna-docusate 8.6-50mg tablet, one tablet in PM for Sunday, Monday and Friday; and - round purple tablet, unable to identify. On June 16, 2026, at 1:57 p.m., CNS-C stated R3 managed their own medications and do not	01700		

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01700	Continued From page 97 perform medication setups for R3. On June 16, 2026, at 2:02 p.m., the surveyor inquired who was managing R1's medication. O/ULP-E stated they, O/ULP-E, were ordering and picking up R1's medications from the pharmacy. O/ULP-E stated it was a special situation where they were trying to advise R1 to help make sure they would take their medication. O/ULP-E stated R1 made frequent accusations that their medications had been tampered with. The surveyor inquired, "so essentially you let [R1] do what [R1] wants with [R1's] medications so that [R1] doesn't have behaviors?" O/ULP-E stated, "Yes." CNS-C stated to O/ULP-E, "[R1] is self-administering right?" The surveyor inquired who was making the decisions as to whether R1 should be self-administering medication or not, CNS-C or O/ULP-E? CNS-C stated R1 was their own person so they could not tell him whether they could self-administer their medications. CNS-C stated they learned today R1 was no longer being seen by their clinic since R1 was missing appointments. CNS-C stated their assessments of R1 indicated R1 was not safe to self-administer medications and they should be storing all medications for R1. CNS-C stated they would be updating R1's record with a new assessment and switch R1 to being okay to self-administer medications immediately. The surveyor stated the concern was R1 was self-administering medication after CNS-C determined they were unsafe to do so, the surveyor inquired if CNS-C believed R1 was safe to self-administer medications? CNS-C stated, "You are right, my documentation should stay the same about not being safe." CNS-C stated, "that is good professional advice." O/ULP-E stated that sometimes R1 will allow them to manage their medication. CNS-C stated R3 was safe to	01700		

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01700	Continued From page 98 administer their own medication and their assessment was incorrect. The licensee's 7.03 Medication Management Individualized Plan dated March 1, 2026, indicated: "1. Pinecare Health Assisted Living will develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: a. A statement describing the medication management services that will be provided 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 c. Documentation of specific resident instructions relating to the administration of medications d. Identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis e. Identification of medication management tasks that may be delegated to unlicensed personnel f. Procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services, and g. 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" No further information was provided.	01700		

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01700	Continued From page 99 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01700		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, 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	01730		

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01730	Continued From page 100 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 medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to accurately maintain an individualized medication management plan for one of three residents (R2). In addition, the licensee failed to maintain a current individualized medication management plan to include all required content for one of three residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2 was admitted to the licensee on March 21, 2026, and began receiving assisted living services. R2's diagnoses included spinal stenosis, chronic pain, carpal tunnel syndrome, fibromyalgia (widespread pain, fatigue, and other symptoms) polyneuropathy (breakdown of peripheral nerves	01730		

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01730	Continued From page 101 that typically affect multiple nerves symmetrically throughout the body), type two diabetes (DM2), and obesity. In addition, R2 had multiple wounds (6) located bilaterally on their lower extremities that were actively being treated for an infection. R2 ambulated with a four-wheeled walker with standby assistance from staff. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. On June 17, 2026, at 7:44 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-E administer medication to R2. R2's Medication Administration Record (MAR) dated June 14, 2026, included the following medications and lacked the following specific instructions for ULP on how to administer the medications: - "Brimonidine (ALPHAGAN) 2 % am lef [sic] Am Pm" (MAR did not provide clear instructions for how to administer and how long to wait between administration of other prescribed eye drops); - "cyclobenzaprine (FLEXERIL) 10mg Am Pm Pm" (MAR had two PM dosage times listed but indicated to separate out the doses by eight	01730		

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01730	Continued From page 102 hours); - "Dorzolamide-Timolol (COSOPT) Am Bo" (MAR lack identification of what bo meant (both eyes) and how long to wait between administration of other prescribed eye drops); - "Metformin XR 1000mg PO - 8 Am, am, Pm" (MAR had two AM dosage times listed and did not list different times during the day or specific times to be administered); - "Terbinafine 1 % cream To" (MAR did not list how often to apply and did not provide instructions to apply it to the feet); and - "Lidocaine Viscous (XYLOCAINE) 2 % PO/ chronic BID PRN" (MAR did not list the amount of ml R2 should receive). R2's Assessment dated June 2, 2026, included R2's individualized medication management plan and indicated the following: - R2 required medication management and set up; - R2 needed reminders to take their medication; - owner/unlicensed personnel (O/ULP)-E, clinical nurse supervisor (CNS)-C and licensed assisted living director (LALD)-D were responsible for monitoring medication supply and reorders as needed; - the licensee secured storage for all medications and controlled substances would be double locked; - medication management tasks of oral, inhaler, nebulizer, sublingual, eye drop, ear drops, nasal, topical, transdermal, and subcutaneous medication were delegated to ULP; and - ULP could contact CNS-C via phone if questions arose with medication administration. R2's individualized medication management plan was not accurate for the following: - R2 did not require reminders and required	01730		

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01730	Continued From page 103 medication administration by the licensee's staff; and - R2 did not receive the following routes of medication: inhaler, nebulizer, sublingual, ear drops, nasal, and transdermal, therefore, those tasks could not be delegated to the ULP. In addition, the individualized medication management plan (along with multiple other documents within R2's record)lacked documentation of specific resident instruction relating to the administration of medications. On June 17, 2026, at 11:25 a.m., clinical nurse supervisor (CNS)-C stated they were utilizing two systems for medications, a paper format and Residex (a documenting software program). CNS-C stated they had placed prescriber's orders into the resident's profile in Residex however, the ULP were utilizing the paper MAR for medication administration. CNS-C stated they did not know why the specific instructions they placed on Residex were not showing up on the paper MAR. The surveyor pointed out to CNS-C the paper MARs were not printed from the Residex system. CNS-C then stated the licensee received the MAR from a package they purchased of policies and procedures. CNS-C stated moving forward the licensee would utilize the electronic system. On June 18, 2026, at 9:20 a.m., CNS-C stated the resident's individualized medication management plans were located in Residex's assessments. CNS-C stated they did not know how they missed indicating R2 needed assistance with medication administration. CNS-C stated they did not individualize the delegated tasks ULP could complete on R2 related to medication, and instead they put down all routes of medication they could potentially receive. CNS-C stated the ULP at the facility	01730		

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01730	Continued From page 104 could administer any of the medications listed above if R2 was prescribed the medication. The licensee's 7.03 Medication Management Individualized Plan dated March 1, 2026, indicated the licensee would develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: - a statement describing the medication management services that will be provided -a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions - documentation of specific resident instructions relating to the administration of medications - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis - identification of medication management tasks that may be delegated to unlicensed personnel - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services, and - 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. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		

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01750	Continued From page 105	01750		
01750 SS=G	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure unlicensed personnel (ULP) were competent and able to accurately administer medications for one of one employee observed during a medication pass (owner/unlicensed personnel (O/ULP)-E). This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at 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: R2 was admitted to the licensee on March 21, 2026, and began receiving assisted living services.	01750		

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01750	Continued From page 106 R2's diagnoses included spinal stenosis, chronic pain, carpal tunnel syndrome, fibromyalgia (widespread pain, fatigue, and other symptoms) polyneuropathy (breakdown of peripheral nerves that typically affect multiple nerves symmetrically throughout the body), type two diabetes (DM2), and obesity. In addition, R2 had multiple wounds (6) located bilaterally on their lower extremities that were actively being treated for an infection. R2 ambulated with a four-wheeled walker with standby assistance from staff. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R2's Medication Administration Record (MAR) dated June 14, 2026, included a row at the top of the medication administration record that listed the days of the week, however, did not include a date. The columns listed the following morning oral medications: - "amlodipine (NORVASC) 5mg PO [by mouth] Am"; - "Aspirin 81 mg chewable PO Am; - "Atorvastatin (LIPITOR) 40 mg PO Am"; - "carvedilol (COREG)12.5mg PO Am Pm"; - "cyclobenzaprine (FLEXERIL) 10mg Am Pm	01750		

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01750	Continued From page 107 Pm"; - "Losartan (COZAAR) 100mg PO am"; and - "Metformin XR 1000mg PO - 8 Am, am, Pm". On June 17, 2026, at 7:43 a.m., the surveyor made a second request for ULP-B and O/ULP-E's employee records that the surveyor had asked for on June 16, 2026. O/ULP-E stated they had all other employee records at the facility except for the two requested. O/ULP-E stated licensed assisted living director (LALD)-D had the requested files and was on their way to the facility. On June 17, 2026, at 7:44 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-E retrieve a pre-set pill planner from the locked file cabinet. O/ULP-E opened the Wednesday a.m. compartment and placed the 10 pre-set pills into the medication cup with their gloved hand. O/ULP-E walked to R2's room, explained to R2 that cyclobenzaprine and aspirin were not in stock and would be at the facility around 9:00 a.m. O/ULP-E then administered the 10 pills to R2. O/ULP-E went back to the office and obtained R2's MAR (paper format) and simultaneously opened Residex (documenting software) on the computer. O/ULP-E began comparing the MAR to Residex. O/ULP-E then signed the paper MAR for the following medications: - amlodipine 5 mg by mouth (po) am; - atorvastatin 40 mg po am; - carvedilol 12.5 mg po am; - cyclobenzaprine 10 mg am; - Losartan 100 po am; and - metformin XR 1000 mg po 8 am. O/ULP-E stated Ozempic was not written on the MAR because they had not received it yet. O/ULP-E stated, "something feels off." O/ULP-E stated R2 was prescribed cephalexin yesterday,	01750		

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	42240	A. BUILDING: _____ B. WING _____	06/18/2026

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01750	Continued From page 108 they picked up the medication from the pharmacy yesterday, but the MAR had not been updated with the medication. O/ULP-E stated the nurse updated the MAR with medications however they were transitioning to Residex. O/ULP-E stated the licensee was still utilizing the paper format MAR as their employees had not been trained on the new system. O/ULP-E called the nurse via phone to update the nurse on cephalexin not being written on the MAR. The surveyor overheard O/ULP-E ask what they should do with the cephalexin and then heard "We set it up in the ya know. It is in the EMAR in Residex." O/ULP-E hung up the phone and stated the nurse updated the electronic medication administration record (EMAR) and would update the paper MAR when they arrived to the facility. O/ULP-E stated they were trained on the six rights of medications administration. The surveyor asked O/ULP-E to explain how they implemented the six rights of medication administration. In summary, O/ULP-E stated the following: - right patient: you have to know which file cabinet to go into and talk to the resident to let them know they would be administering medications to; - right drug: the nurse set up the medication for them and they knew some of the medication but not all of them; - right dose: the nurse set up the medication; - right time: give the right compartment in pill planner; - right route: means they took all the medication to the resident and watched them take the medication; - right documentation: "sitting down and go through the meds you have not signed off on." The surveyor inquired how the ULP knew what medications they should sign off on the MAR. O/ULP-E stated they knew R2 had a change of condition yesterday and there was a new	01750		

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01750	Continued From page 109 medication. O/ULP-E stated when they did not see the medication listed, he hesitated. O/ULP-E stated he administered medications based on the updates from the nurse. The surveyor again inquired how they knew R2 received the correct medications. O/ULP-E stated "I don't know. I trust she sets it up right." The surveyor asked O/ULP-E how many medications they signed off on the MAR for the morning medication pass. O/ULP-E stated six however, they would sign off for the cephalexin when the medication was placed onto the MAR. The surveyor asked O/ULP-E to try to identify the 10 medications in the medication cup as they only signed for six medications. O/ ULP-E stated metformin had two tablets, and cephalexin was two tablets, plus the 6 they signed off for was 9 pills. The surveyor inquired what the last medication was. O/ULP-E was unable to identify the medication. In addition, during the medication pass, the surveyor observed O/OLP-E state to R2 they did not have the cyclobenzaprine available that morning, however, O/ULP-E signed the MAR as though it was administered. Although O/ULP-E previously stated R2's pre-set medications did not contain Flexeril because the medication supply was out, they signed off on the MAR for administering a medication that was not in the pre-set medications, indicating O/ULP-E only knew eight medications out of the ten. If O/ULP-E had completed the six rights of medication administration by counting the number of medications in the preset container and comparing the number of medications on the MAR prior to administering the medication to R2 they would have seen there was an incorrect amount of medication in the pre-set compartment of the pre-set pill planner. O/ULP-E administered medications without verifying the medications	01750		

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01750	Continued From page 110 against a medication administration record, could not tell the surveyor all of the medications provided to R2, and failed to accurately document all medications provided to R2. On June 17, 2026, at 11:25 a.m., clinical nurse supervisor (CNS)-C stated ULP were trained on EduCare (a documenting software program) and once they passed the medication course, they completed a competency evaluation with the ULP. CNS-C stated ULP were trained to use the six rights of medication and ULP were trained to look at the pill color and shape and then open the pill bottles to identify medications if they had concerns with what medications were being given. The surveyor requested clarification for how ULP verified medications to ensure they were providing the correct medications to the residents as CNS-C did not mention the correct verification process against a medication administration record. CNS-C continued to state they would look at the pill color or shape and contact them with questions. The surveyor explained to the CNS-C multiple ways CNS-C could train the ULP on how to verify medications. CNS-C stated the resident medications were also listed in the Residex resident profile however, the profile did not include pill identifiers. CNS-C stated there was a Residex course that taught them how to navigate the system. CNS-C stated they had not completed all of the training for utilizing Residex so they were still using paper documents for medication administration. O/ULP-E's employee record included a Skill Competency Medication Administration - Routes completed by a previously employed nurse on February 7, 2026. The competency indicated O/ULP-E passed oral, sublingual, topical, eye drops, ear drops, transdermal patch, nasal spray,	01750		

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01750	Continued From page 111 vaginal, and rectal medication administration. O/ULP-E's record lacked a 30-day supervision for medication administration. Although O/ULP-E had a competency evaluation for all routes of medication, O/ULP-E did not receive a 30-day supervision to confirm their competency of medication administration. In addition, O/ULP-E was utilizing an electronic system during R2's medication pass that they were not fully trained on by the registered nurse (RN). Ostendorf, P.A.P.A.G.P.P.A.S.A.H.W. R. (2025). Fundamentals of Nursing (12th ed.). Elsevier Health Sciences (US). https://bookshelf.vitalsource.com/books/9780443245336 Section 31. Medication Administration, page 643, Standards indicated, "To prevent medication errors, follow the seven rights of medication administration consistently every time you administer medications. Many medication errors can be linked in some way to an inconsistency in adhering to these seven rights: 1. The right medication 2. The right dose 3. The right patient 4. The right route 5. The right time 6. The right documentation 7. The right indication". Page 644, Right Medication indicated, "Once you determine that information on a patient's MAR is accurate, use it to prepare and administer medications. When preparing medications from bottles or containers, compare the label of the medication container with the MAR 3 times: (1) before removing the container from the drawer or shelf, (2) as the amount of medication ordered is removed from the container, and (3) at the	01750		

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01750	Continued From page 112 patient's bedside before administering the medication to the patient. Never prepare medications from unmarked containers or containers with illegible labels (TJC, 2024a). With unit-dose prepackaged medications, check the label with the MAR when taking medications out of the medication dispensing system. Finally, verify all medications at the patient's bedside with the patient's MAR and use at least two identifiers before giving the patient any medications (TJC, 2024a)". The licensee's 7.08 Medication Management -Administration Setup policy dated March 1, 2026, indicated ULP would verify medications were set up correctly in the dosage box before administration to the resident by use of the medication profile and if any question of medication accuracy in the dosage box arises, the unlicensed staff would contact the license nurse and receive direct instructions on handling any necessary changes at that time, while in direct contact with the nurse. The licensee's 6.14 Delegation of Assisted Living Services policy dated March 1, 2026, indicated when the registered nurse or licensed health professional delegated tasks to ULP, that person would ensure that prior to the delegation the unlicensed personnel was trained in the proper methods to perform the tasks procedures for each resident and was able to demonstrate the ability to competently follow the procedures and perform the tasks. The licensee's 6.18 supervision of Staff - Non-Delegated Services dated March 1, 2026, indicated staff who provided assisted living services for the licensee would be supervised periodically where the services were being	01750		

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01750	Continued From page 113 provided to verify that work was being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01760 SS=G	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 accurately transcribe prescriber's orders or document medication administration onto the resident's medication administration record (MAR) for one of one resident observed during a medication pass (R2). This practice resulted in a level three violation (a violation that harmed a resident's health or safety,	01760		

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01760	Continued From page 114 or a violation that had the potential to cause more than minimal harm to the resident) 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: R2 was admitted to the licensee on March 21, 2026, and began receiving assisted living services. R2's diagnoses included spinal stenosis, chronic pain, carpal tunnel syndrome, fibromyalgia (widespread pain, fatigue, and other symptoms) polyneuropathy (breakdown of peripheral nerves that typically affect multiple nerves symmetrically throughout the body), type two diabetes (DM2), and obesity. In addition, R2 had multiple wounds (6) located bilaterally on their lower extremities being treated for an infection. R2 ambulated with a four-wheeled walker with standby assistance from staff. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical.	01760		

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01760	Continued From page 115 R2's prescriber orders dated June 16, 2026, dated during the survey, included the following medications: - atorvastatin 40 milligrams (mg) one tablet daily; - acetaminophen 325 mg take two tablets by mouth every four hours as needed (PRN); - brimonidine 0.2 percent (%) instill one drop in left eye twice a day; - carvedilol 3.125 mg one tablet twice per day; - cephalexin 500 mg take two tablets (1000 mg) four times per day for six days; - cyclobenzaprine 10 mg take one tablet every eight hours; - dorzolamide-timolol 2 - 0.5 % one drop into both eyes two times a day; - furosemide 40 mg by mouth take one tablet daily; - lidocaine viscous 2 % solution apply 10 milliliters (ml) every three hours PRN for pain; - losartan 100 mg take one tablet daily; - metformin extended release (XR) 500 mg take two tablets (1000 mg) by mouth two times per day; - minocycline 100 mg take one tablet two times a day; - Ozempic 2mg/3ml inject 0.25 mg sq once a week for four weeks then increase dose and inject 0.5 once a week for four weeks; - Ozempic 4 mg / 3 ml inject one mg subcutaneously once a week for four weeks do not start before June 12, 2026; - Ozempic 8 mg/ 3 ml inject 2 mg sq once a week do not start before July 10, 2026; and - terbinafine 1 % cream apply twice a day to both feet. R2's Medication Administration Record (MAR) dated June 14, 2026, included a row at the top of the medication administration record that listed	01760		

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01760	Continued From page 116 the days of the week, however, did not include a date. The columns listed the following medications: - "amlodipine (NORVASC) 5mg PO [by mouth] Am" (this medication was not on the orders); - "Aspirin 81 mg chewable PO Am" (this medication was not on the orders); - "Atorvastatin (LIPITOR) 40 mg PO Am"; - "Brimonidine (ALPHAGAN) 2 % am lef [sic] Am Pm" (MAR did not provide clear instructions for how to administer or the frequency to administer); - "carvedilol (COREG)12.5mg PO Am Pm" (dosage on MAR differed from the orders); - "cyclobenzaprine (FLEXERIL) 10mg Am Pm Pm" (MAR had two PM dosage times but did indicate to separate out the doses by eight hours); - "Dorzolamide-Timolol (COSOPT) Am Bo" (MAR scheduled medication in the am twice verses twice per day, and the MAR lack identification of what bo meant (both eyes)); - "Dorzolamide-Timolol (COSOPT) Am Bo" (MAR scheduled medication in the am twice verses twice per day and the MAR lack identification of what bo meant (both eyes)); - "Losartan (COZAAR) 100mg PO am"; - "Metformin XR 1000mg PO - 8 Am, am, Pm" (MAR had two AM dosage times listed); - "Terbinafine 1 % cream To" (MAR did not list how often to apply and to apply it to the feet); - "Acetaminophen (TYLENOL) 650 mg PO mil q4h PRN"; - "Gabapentin (NEURONTIN) 1600 mg PO chr TID PRN" (was transcribed to MAR but not listed on the prescriber's orders); - "Lidocaine Viscous (XYLOCAINE) 2 % PO/ chronic BID PRN" (MAR did not list the amount of ml R2 should receive); and - "Naproxen (NAPROSYN) 500 mg PO chronic bid prn." (was transcribed to MAR but not listed	01760		

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01760	Continued From page 117 on the prescriber's orders). The MAR did not include the following prescribed medications: - Ozempic 2mg/3ml inject 0.25 mg sq once a week for four weeks then increase dose and inject 0.5 once a week for four weeks; - Ozempic 4 mg / 3 ml inject one mg subcutaneously once a week for four weeks do not start before June 12, 2026; - Ozempic 8 mg/ 3 ml inject 2 mg sq once a week do not start before July 10, 2026; - cephalexin 500 mg take two tablets (1000 mg) four times per day for six days; - furosemide 40 mg by mouth take one tablet daily; and - minocycline 100 mg take one tablet two times a day. On June 17, 2026, at 7:44 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-E retrieve a pre-set pill planner from the locked file cabinet. O/ULP-E opened the Wednesday a.m. compartment and placed the 10 pre-set pills into the medication cup with their gloved hand. O/ULP-E walked to R2's room, explained to R2 that cyclobenzaprine and aspirin were not in stock and would be at the facility around 9:00 a.m. O/ULP-E then administered the 10 pills to R2. O/ULP-E went back to the office and obtained R2's MAR (paper format) and simultaneously opened Residex (documenting software) on the computer. O/ULP-E began comparing the MAR to Residex. O/ULP-E then signed the paper MAR for the following medications: - amlodipine 5 mg by mouth (po) am; - atorvastatin 40 mg po am; - carvedilol 12.5 mg po am; - cyclobenzaprine 10 mg am; - Losartan 100 po am; and	01760		

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01760	Continued From page 118 - metformin XR 1000 mg po 8 am. O/ULP-E stated Ozempic was not written on the MAR because they had not received it yet. O/ULP-E stated, "something feels off." O/ULP-E stated R2 was prescribed cephalexin yesterday, they picked up the medication from the pharmacy yesterday, but the MAR had not been updated with the medication. O/ULP-E stated the nurse updated the MAR with medications however they were transitioning to Residex. O/ULP-E stated the licensee was still utilizing the paper format MAR as their employees had not been trained on the new system. O/ULP-E called the nurse via phone to update the nurse on cephalexin not being written on the MAR. The surveyor overheard O/ULP-E ask what they should do with the cephalexin and then heard "We set it up in the ya know. It is in the EMAR in Residex." O/ULP-E hung up the phone and stated the nurse updated the electronic medication administration record (EMAR) and would update the paper MAR when they arrived to the facility. O/ULP-E stated they were trained on the six rights of medications administration. The surveyor asked O/ULP-E to explain how they implemented the six rights of medication administration. In summary, O/ULP-E stated the following: - right patient: you have to know which file cabinet to go into and talk to the resident to let them know they would be administering medications to; - right drug: the nurse set up the medication for them and they knew some of the medication but not all of them; - right dose: the nurse set up the medication; - right time: give the right compartment in pill planner; - right route: means they took all the medication to the resident and watched them take the medication; - right documentation: "sitting down and go	01760		

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01760	Continued From page 119 through the meds you have not signed off on." The surveyor inquired how the ULP knew what medications they should sign off on the MAR. O/ULP-E stated they knew R2 had a change of condition yesterday and there was a new medication. O/ULP-E stated when they did not see the medication listed, he hesitated. O/ULP-E stated he administered medications based on the updates from the nurse. The surveyor again inquired how they knew R2 received the correct medications. O/ULP-E stated "I don't know. I trust she sets it up right." The surveyor asked O/ULP-E how many medications they signed off on the MAR for the morning medication pass. O/ULP-E stated six however, they would sign off for the cephalexin when the medication was placed onto the MAR. The surveyor asked O/ULP-E to try to identify the 10 medications in the medication cup as they only signed for six medications. O/ ULP-E stated metformin had two tablets, and cephalexin was two tablets, plus the 6 they signed off for was 9 pills. The surveyor inquired what the last medication was. O/ULP-E was unable to identify the medication. In addition, during the medication pass, the surveyor observed O/OLP-E state to R2 they did not have the cyclobenzaprine available that morning, however, O/ULP-E signed the MAR as though it was administered. The MAR for R1 and R2 did not include identifying information about their medication in the mediplanner such as color of the medication, shape of the medication, or imprinted stamp on the medication. The ULP had no method to identify one medication from another to know which of the pre-set medications in the mediplanner they were administering. On June 17, 2026, at 11:25 a.m., clinical nurse	01760		

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	42240	A. BUILDING: _____ B. WING _____	06/18/2026

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01760	Continued From page 120 supervisor (CNS)-C stated ULP were trained to look at the pill color and shape and then open the pill bottles to identify medications if they had concerns with what medications were being given. CNS-C stated they had the medications listed in Residex and the ULP could match the pill bottles to the medication in Residex, however, ULP were currently using the paper format MAR to administer medications. CNS-C stated ULP had received some training on how to use Residex. CNS-C stated R2's cephalexin, furosemide, and minocycline were all new orders as of yesterday. CNS-C stated they placed the orders in Residex and they believed they placed the orders on the paper MAR. CNS-C stated they had updated the new MAR with the current medication. CNS-C stated carvidolol was entered incorrectly by accident. CNS-C stated they had an order for gabapentin they previously received. The surveyor asked them to provide them the order. CNS-C stated the lidocaine was not given and they had fixed the dose on the new paper MAR. CNS-C stated R2 was not currently using the eye drop and it was a typo error. On June 17, 2026, at 1:07 p.m., the surveyor observed the prescription bottle of cephalexin with the date filled on June 10, 2026. On June 17, 2026, at 1:16 p.m., the surveyor observed O/ULP-E administer cephalexin to R2. *R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, was updated with a comprehensive list of services after the IO was issued.* THE ABOVE IMMEDIATE ORDER WAS ISSUED ON JUNE 17, 2026, AND THE BELOW CITATION WAS ADDED AFTER THE SURVEY	01760		

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01760	Continued From page 121 WAS COMPLETED. Based on observation, interview, and record review, the licensee failed to document medication setups for two of two residents (R1, R2) with medication setups. R2's record lacked documentation of medication setups. R1 R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R1's MAR dated June 14, 2026, indicated R1 took the following medications: - "Albuterol HFA 1-2 puffs inhale short q6h PRN"; prescribed; - "Basaglar Kwik Pen 40 units subcut Pm"; prescribed; - "Bisacodyl Suppository 10mg rectal co daily PRN"; prescribed;	01760		

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01760	Continued From page 122 - "Calcium Carbonate 1000mg PO heartbur q6h PRN"; prescribed; - "Cetirizine 10mg PO allergies daily PRN"; prescribed; - "cyclobenzaprine 10mg PO muscle spasm TID PRN"; prescribed; - "DUloxetine 60 [milligrams] mg PO Am"; prescribed; - "Gabapentin 900mg (3 caps) PO Pm"; prescribed; - "Glucose 4g chewable 16g PO hypoglyce PRN once"; prescribed; - "Haloperidol 5mg PO - 8AM Am"; no prescription; - "Haloperidol 5mg PO - 4PM"; no prescription; - "Ibuprofen 400mg PO pain BID PRN"; prescribed; - "Insulin Aspart 8 units w/meals Sub"; April 12, 2026 AVS indicated an updated dose to 14u; - "Levothyroxine 75 [micgrograms] mcg"; prescribed; - "Mirtazapine 7.5mg PO insomnia QHS PRN"; prescribed; - "Nystatin powder topical antifungal BID PRN" prescribed; - "Olanzapine 5mg PO paranoia/agitation BID PRN"; prescribed; - "Ondansetron 4mg PO nausea/vomitting q8h PRN"; prescribed; and - "Risperidone 3mg (6mg dose) PO psycho daily x21d PRN); no prescription. R1's record lacked documentation of medication setups. On June 16, 2026, at 10:32 a.m., the surveyor observed a pre-set pill planner in R1's bedroom partially filled with the following medication: - acetaminophen 500mg tablet; - glucose tablets grape flavored 15mg;	01760		

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01760	Continued From page 123 - omeprazole 40mg capsule; and - quetiapine 100mg tablet. On June 17, 2026, at 7:44 a.m., the surveyor observed O/ULP-E retrieve a pre-set pill planner from the locked file cabinet. On June 16, 2026, at 1:50 p.m., O/ULP-E stated they did not have documentation of R1 and R2's medication pre-set pill planner setups. On June 16, 2026, at 2:02 p.m., CNS-C stated when they performed medication setups they went off the resident's medication profile but did not document any of the setups they completed. CNS-C stated they were aware it was a requirement. The licensee's 7.08 Medication Management - Administration & Setup dated March 1, 2026, indicated assistance with medication administration would be documented on the MAR by entering the ULP initials under the date and opposite of the medication and dose given and include the full signature and title of the person who provided the medication administration. The ULP would use the MAR for documenting medication given from a dosage box system and would refer to the medication profile listing the medication name, dosage, date, and time administered. It would also include the purpose of the medication and any special instructions if applicable. The licensee's 7.02 Medication Management Individualized Plan dated March 1, 2026, indicated the medication management plan would include documentation of specific resident instruction relating to the administration of medications.	01760		

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01760	Continued From page 124 The licensee's 7.09 Medication Management - Dosage Box Setup policy dated March 1, 2026, indicated: "1. A licensed nurse will assure the medication orders are transcribed onto the Medication Administration Record (MAR). This profile includes: a. Dates of medication set up b. Medication name c. Quantity of dose d. Times to be administered e. Route of administration f. Name of the person completing the medication setup g. Visual description of medication h. Drug classification and special precautions 2. The licensed nurse transcribes the medications order onto the MAR. For medications included in the dosage box, the day and time of administration will be noted on the MAR. 3. Medications that cannot be set up in the dosage box (topical or liquid) will be recorded on the MAR to include any special instructions and: a. Medication name b. Quantity of dose c. Times to be administered d. Route of administration e. Visual description of medication f. Drug classification and special precautions 4. The licensed nurse sets up medication weekly into the dosage boxes. 5. When the licensed nurse has completed setting up the medications into the dosage box, the set-up is documented on the MAR. 6. The licensed nurse will review the dosage boxes on a weekly basis to assure that all the previous week's medications were administered,	01760		

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01760	Continued From page 125 and documentation is then made on the MAR." No further information was provided. TIME PERIOD FOR CORRECTION: Immediate *R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, was updated with a comprehensive list of services R2 received after the IO was issued.*	01760		
01800 SS=D	144G.71 Subd. 11 Prescribed and nonprescribed medication The assisted living facility must determine whether the facility shall require a prescription for all medications the provider manages. The facility must inform the resident whether the facility requires a prescription for all over-the-counter and dietary supplements before the facility agrees to manage those medications. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to determine whether the licensee shall require a prescription for all over-the counter (OTC) medications provided by the assisted living staff prior to managing the medication for one of three 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	01800		

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01800	Continued From page 126 situation has occurred only occasionally). The findings include: R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R1's May 18, 2026, Clinical Update Assessment indicated required medication management including storage, count, and management. On June 16, 2026, at 10:32 a.m., the surveyor observed a bottle of melatonin gummies Nature Made 10 milligrams (mg) per two gummies in R1's room. Owner/unlicensed personnel (O/ULP)-E stated R1 sometimes bought their own over the counter medications and they did not know the melatonin was in R1's room. The melatonin gummies were not on R1's orders or medication administration record (MAR). On June 16, 2026, at 2:02 p.m., clinical nurse	01800		

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01800	Continued From page 127 supervisor (CNS)-C stated R1 should not be administering their own medications. O/ULP-E stated it was a special situation where they were trying to advise R1 to help make sure they would take their medication. O/ULP-E stated R1 made frequent accusations that their medications had been tampered with. The surveyor inquired, "so essentially you let [R1] do what [R1] wants with [R1's] medications so that [R1] doesn't have behaviors?" O/ULP-E stated, "Yes." CNS-C stated to O/ULP-E, "[R1] is self-administering right?" The surveyor inquired who was making the decisions as to whether R1 should be self-administering medication or not, CNS-C or O/ULP-E? CNS-C stated R1 was their own person so they could not tell him whether they could self-administer their medications. CNS-C stated due to R1's behaviors his physicians would not see them. CNS-C stated their assessments of R1 indicated R1 was not safe to self-administer medications and they should be storing all medications for R1. CNS-C stated they would be updating R1's record with a new assessment and switch R1 to being okay to self-administer medications immediately. The surveyor stated the concern was R1 was self-administering medication after CNS-C determined they were unsafe to do so, the surveyor inquired if CNS-C believed R1 was safe to self-administer medications? CNS-C stated, "You are right, my documentation should stay the same about not being safe." CNS-C stated, "that is good professional advice." O/ULP-E stated that sometimes R1 will allow them to manage their medication. CNS stated over the counter (OTC) drug management and administration was up to O/ULP-E. O/ULP-E stated they did not have an issue with OTC being self-administered. O/ULP-E stated they did not have a policy to address OTC medications.	01800		

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01800	Continued From page 128 The licensee's 7.12 Medications - Prescribed, Not Prescribed & OTC policy dated March 1, 2026, indicated: "POLICY: Pinecare Health Assisted Living will determine whether the facility shall require a prescription for all medications the provider manages. The facility will inform the resident whether the facility requires a prescription for all over the counter and dietary supplements before the facility agrees to manage those medications. PROCEDURE: -The RN will review the medication list provided by the resident or prescriber for the resident and determine which medications will need a prescriber's orders. -The nursing staff will follow the policy for medication orders as determined necessary Over-the-counter drugs or dietary supplements -Pinecare Health Assisted Living providing medication management services for over-the-counter drugs or dietary supplements must retain those items in the original labeled container with directions for use prior to setting up for immediate or later administration. -The facility must verify that the medications are up to date and stored as appropriate." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01800		
01810 SS=F	144G.71 Subd. 12 Medications; over-the-counter drugs; dietary An assisted living facility providing medication management services for over-the-counter drugs or dietary supplements must retain those items in	01810		

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01810	Continued From page 129 the original labeled container with directions for use prior to setting up for immediate or later administration. The facility must verify that the medications are up to date and stored as appropriate. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to secure over the counter (OTC) medication for one of three 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 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: R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication	01810		

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01810	Continued From page 130 administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R1's May 18, 2026, Clinical Update Assessment indicated required medication management including storage, count, and management. On June 16, 2026, at 10:32 a.m., the surveyor observed a bottle of melatonin gummies Nature Made 10 milligrams (mg) per two gummies in R1's room. Owner/unlicensed personnel (O/ULP)-E stated R1 sometimes bought their own over the counter medications and they did not know the melatonin was in R1's room. The melatonin gummies were not on R1's orders or medication administration record (MAR). On June 16, 2026, at 2:02 p.m., clincal nurse supervisor (CNS)-C stated R1 should not be administering their own medications. O/ULP-E stated it was a special situation where they would advise R1 on medications so they would take the medications they were supposed to be taking. The surveyor stated R1 was basically allowed to self administer their own medication so R1 did not display any behaviors, O/ULP-E stated, "yes." CNS-C stated, "he's self administering right?" The surveyor stated it was a good question CNS-C was asking, who is making R1's medication administration decisions? CNS-A stated R1 was their own person so they could not tell them whether or not they could self administer medications. CNS-C stated due to R1's behaviors his physicians would not see them. CNS-C stated their assessments for R1 indicated they shoudl not be self administering medications. CNS-C stated they would be switching R1 to self	01810		

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01810	Continued From page 131 administration as soon as possible. The surveyor stated there were concerns with this decision as CNS-C determined R1 to be unsafe to self administer medication. CNS-C stated they agreed with the surveyor and their documentation should stay the same for being unsafe to self administer medications. CNS stated over the counter (OTC) drug management and administration was up to O/ULP-E. O/ULP-E stated they did not have an issue with OTC being self administered. O/ULP-E stated they did not have a policy to address OTC medications. The licensee's 7.12 Medications - Prescribed, Not Prescribed & OTC policy dated March 1, 2026, indicated: "POLICY: Pinecare Health Assisted Living will determine whether the facility shall require a prescription for all medications the provider manages. The facility will inform the resident whether the facility requires a prescription for all over the counter and dietary supplements before the facility agrees to manage those medications. PROCEDURE: -The RN will review the medication list provided by the resident or prescriber for the resident and determine which medications will need a prescriber's orders. -The nursing staff will follow the policy for medication orders as determined necessary Over-the-counter drugs or dietary supplements -Pinecare Health Assisted Living providing medication management services for over-the-counter drugs or dietary supplements must retain those items in the original labeled container with directions for use prior to setting up for immediate or later administration. -The facility must verify that the medications are up to date and stored as appropriate."	01810		

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01810	Continued From page 132 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01810		
01820 SS=F	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 review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for two of two residents (R1, R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment	01820		

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	42240	A. BUILDING: _____ B. WING _____	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINECARE HEALTH LLC	1225 COUNTY ROAD B W ROSEVILLE, MN 55113

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01820	Continued From page 133 assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R1's Medication Administration Record (MAR) dated June 14, 2026, indicated R1 took the following medications: - "Albuterol HFA 1-2 puffs inhale short q6h [every 6 hours] PRN [as needed]"; prescribed; - "Basaglar Kwik Pen 40 units subcut [subcutaneous] Pm"; prescribed; - "Bisacodyl Suppository 10mg [milligrams] rectal co daily PRN"; prescribed; - "Calcium Carbonate 1000mg PO [by mouth] heartbur [heartburn] q6h PRN"; prescribed; - "Cetirizine 10mg PO allergies daily PRN"; prescribed; - "cyclobenzaprine 10mg PO muscle spasm TID [three times per day] PRN"; prescribed; - "DUloxetine 60mg PO Am"; prescribed; - "Gabapentin 900mg (3 caps) PO Pm"; prescribed; - "Glucose 4g [grams] chewable 16g PO hypoglyce [hypoglycemia] PRN once"; prescribed; - "Haloperidol 5mg PO - 8AM Am"; no prescription; - "Haloperidol 5mg PO - 4PM"; no prescription; - "Ibuprofen 400mg PO pain BID [twice per day] PRN"; prescribed;	01820		

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01820	Continued From page 134 - "Insulin Aspart 8 units w/meals Sub [subcutaneous]; unsigned after visit summary (AVS) dated April 12, 2026, indicated an updated dose to 14u; - "Levothyroxine 75 [micrograms] mcg"; prescribed; - "Mirtazapine 7.5mg PO insomnia QHS [at hour of sleep] PRN"; prescribed; - "Nystatin powder topical antifungal BID PRN" prescribed; - "Olanzapine 5mg PO paranoia/agitation BID PRN"; prescribed; - "Ondansetron 4mg PO nausea/vomiting q8h PRN"; prescribed; and - "Risperidone 3mg (6mg dose) PO psycho daily x21d PRN); no prescription. R1's Discharge Summary signed and dated December 10, 2025, indicated R1 was prescribed the following medications: - albuterol sulfate hydrofluoroalkane (HFA) 108 (90 base), inhale 1-2 puffs every six hours as needed (PRN) for shortness of breath; on the MAR; - ascorbic acid (VITAMINC) 500mg tablet, take one tablet (500mg) PO daily for inadequate vitamin C; not on the MAR; - bisacodyl (DULCOLAX) 10mg suppository, insert one suppository (10mg) rectally daily PRN for constipation; on the MAR; - calcium carbonate (TUMS) 500mg chewable tablet, chew and swallow two tablets (1,000mg) PO every six hours PRN for acid indigestion; on the MAR; - cetirizine (ZYRTEC) 10mg tablet, take one tablet (10mg) PO daily PRN for allergies; on the MAR; - cyclobenzaprine (FLEXERIL) 10mg tablet, take one tablet (10mg) PO three times daily PRN for muscle spasms; on the MAR;	01820		

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01820	Continued From page 135 - duloxetine (CYMBALTA) 60mg delayed realease (DR) capsule, take one capsule (60mg) PO daily; on the MAR; - diclofenac (VOLTAREN) 1% gel, apply 2-4 grams (g) to skin two times daily PRN; not on the MAR; - gabapentin (NEURONTIN) 300mg capsule, take two capsules (600mg) PO two times daily for neuropathic pain; not on the MAR; - gabapentin (NEURONTIN) 300mg capsule, take three capsules (900mg) PO daily at bedtime; on the MAR; - glucose 4g chewable tablet; chew and swallow four tablets (16g) PO PRN; on the MAR - ibuprofen (MOTRIN) 200mg tablet, take 2 tablets (400mg) PO two times daily PRN; on the MAR; - insulin aspart (NOVOLOG) 100u/ml pen injection, inject 8u SQ with meals and 3u PRN with snacks; on the MAR; - insulin glargine (BASAGLAR KWIKPEN) injection 100u/ml, inject 40u subqutaniously (SQ) every evening; on the MAR; - levothyroxine (SYNTHOID) 75mcg tablet, take one tablet (75mcg) PO daily for underactive thyroid; on the MAR; - magnesium oxide (MAG-OX) 400mg tablet, take one tablet (400mg) PO two times daily with meals; not on the MAR; - melatonin 10mg tablet, take one tablet PO daily at bedtime; not on the MAR; - metformin extended release (XR) (GLUCOPHAGE XR) 500mg 24 hour release tablet, take two tablets (1,000mg) PO daily; on the MAR; - mirtazapine (REMERON) 7.5mg, take one tablet (7.5mg)PO at bedtime PRN for insomnia; on the MAR; - multivitamin with minerals tablet, take one tablet PO for vitamin A deficiency; not on the MAR;	01820		

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01820	Continued From page 136 - nystatin (MYCOSTATIN 100,000 units (u)/g powder, apply topically two times daily PRN; on the MAR; - olanzapine (ZYPREXA) 5mg tablet, take one tablet (5mg) PO two times daily PRN; on the MAR; - omega-3 fatty acids (FISH OIL) 1000mg capsule, take one capsule (1,000mg) PO two times daily; not on the MAR; - omeprazole (PRILOSEC) 40mg capsule, take one (40mg) PO daily, take one hour before first meal of the day; not on the MAR; - ondansetron (ZOFRAN) 4mg disintegrating tablet, take one tablet (4mg) PO every eight hours PRN for nausea; on the MAR; - risperidone microspheres (RISPERDAL CONSTA) 50mg injection, inject 50mg intramuscularly (IM) every 14 days for schizoaffective disorder; not on the MAR; - rivaroxaban (XARELTO) 20mg tablet, take one tablet (20mg) PO daily with meal for blood clot within a vein; not on the MAR; - rosuvastatin (CRESTOR) 20mg tablet, take one tablet (20) PO every evening for high amount of fats in the blood; not on the MAR; and - sennosides-docusate sodium (SENOKOT) 8.6-50mg tablet, take two tablets PO two times daily for constipation; not on the MAR. R1's After Visit Summary (AVS) dated April 12, 2026, unsigned, indicated R1 was prescribed the following medications: - acetaminophen 500mg tablet, take 1,000mg PO three times daily; not on the MAR; - albuterol sulfate HFA 108 (90 base), inhale 2 puffs every six hours as needed (PRN) for shortness of breath; on the MAR but does not match the MAR; - bisacodyl 10mg suppository, place 10mg rectally daily PRN for constipation; on the MAR;	01820		

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01820	Continued From page 137 - gabapentin 300mg capsule, take three capsules (900mg) PO daily at bedtime for diabetic neuropathy; on the MAR; - hydrochlorothiazide 12.5mg tablet, take 12.5mg PO daily AM; not on the MAR and not on the signed orders; - insulin glargine injection 100u/ml pen, inject 40u SQ at bedtime for type two diabetes; on the MAR; - levothyroxine 75mcg tablet, take one tablet (75mcg) PO daily before breakfast for hypothyroidism; on the MAR; - metformin XR 500mg 24 hour release tablet, take two tablets (1,000mg) PO daily for type two diabetes; on the MAR; - multivitamin with minerals tablet, take one tablet PO for vitamin A deficiency; not on the MAR; - Novolog FLEXPEN 100u/ml, inject 14u SQ with meals for diabetes type two; not on the MAR and dose does not match the signed orders on December 10, 2025; - omeprazole 40mg capsule, take one (40mg) PO daily, take one hour before first meal of the day; not on the MAR; - rivaroxaban 20mg tablet, take one tablet (20mg) PO daily with meal for blood clot within a vein; not on the MAR; and - rosuvastatin 20mg tablet, take one tablet (20) PO every evening for diabetic neuropathy; not on the MAR. R1's MAR did not match R1's signed Discharge Summary dated December 10, 2025, and AVS dated April 12, 2026, indicating R1 was not being administered medications as prescribed. R2 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN	01820		

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01820	Continued From page 138 service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R2's MAR dated June 14, 2026, indicated R2 took the following medications: - "amlodipine (NORVASC) 5mg PO [by mouth] Am"; - "Aspirin 81 mg chewable PO Am; - "Atorvastatin (LIPITOR) 40 mg PO Am"; - "Brimonidine 0.2% (ALPHAGAN) Am Lef"; - "Carvedilol (COREG)12.5mg PO Am Pm"; - "Cyclobenzaprine (FLEXERIL) 10mg Am Pm Pm"; - "Dorzolamide-Timolol (COSOPT) AM BO"; - "Losartan (COZAAR) 100mg PO am"; and - "Metformin XR 1000mg PO - 8 Am, am, Pm"; and - "Terbinafine (LAMISIL) 1% cream To". R2's record lacked medication prescriptions. On June 16, 2026, at 10:06 a.m., the surveyor requested medication and treatment orders for R1 and R2. O/ULP-E stated CNS-C was supposed to have faxed medication and treatment order requests to R1 and R2's clinic but never did it.	01820		

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01820	Continued From page 139 On June 16, 2026, at 1:57 p.m., clinical nurse supervisor (CNS)-C stated they were not employed at the time of R1 and R2's admission so was not sure what was prescribed at the time of admission. CNS-C stated they would look for R1 and R2's current medication orders. On June 16, 2026, at 2:02 p.m., O/ULP-E stated they had tried to get orders from R1 via Bluestone (an online portal for providers) but had been unsuccessful. CNC-C stated they did not have prescriptions for R2. CNS-C stated they had been trying to obtain orders for R2 but had not heard back from the clinic and planned to fax their history over to them today. The surveyor requested a medication prescription policy, but none was received. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01850 SS=D	144G.71 Subd. 16 Written or electronic prescription When a written or electronic prescription is received, it must be communicated to the registered nurse in charge and recorded or placed in the resident's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure written or electronically recorded prescriptions were communicated to the registered nurse (RN) for one of two residents (R1).	01850		

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01850	Continued From page 140 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R1's Medication Administration Record (MAR) dated June 14, 2026, indicated R1 took the following medications: - "Albuterol HFA 1-2 puffs inhale short q6h [every 6 hours] PRN [as needed]"; prescribed; - "Basaglar Kwik Pen 40 units subcut [subcutaneous] Pm"; prescribed;	01850		

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01850	Continued From page 141 - "Bisacodyl Suppository 10mg [milligrams] rectal co daily PRN"; prescribed; - "Calcium Carbonate 1000mg PO [by mouth] heartbur [heartburn] q6h PRN"; prescribed; - "Cetirizine 10mg PO allergies daily PRN"; prescribed; - "cyclobenzaprine 10mg PO muscle spasm TID [three times per day] PRN"; prescribed; - "DUloxetine 60mg PO Am"; prescribed; - "Gabapentin 900mg (3 caps) PO Pm"; prescribed; - "Glucose 4g [grams] chewable 16g PO hypoglyce [hypoglycemia] PRN once"; prescribed; - "Haloperidol 5mg PO - 8AM Am"; no prescription; - "Haloperidol 5mg PO - 4PM"; no prescription; - "Ibuprofen 400mg PO pain BID [twice per day] PRN"; prescribed; - "Insulin Aspart 8 units w/meals Sub [subcutaneous]; unsigned after visit summary (AVS) dated April 12, 2026, indicated an updated dose to 14u; - "Levothyroxine 75 [micrograms] mcg"; prescribed; - "Mirtazapine 7.5mg PO insomnia QHS [at hour of sleep] PRN"; prescribed; - "Nystatin powder topical antifungal BID PRN" prescribed; - "Olanzapine 5mg PO paranoia/agitation BID PRN"; prescribed; - "Ondansetron 4mg PO nausea/vomiting q8h PRN"; prescribed; and - "Risperidone 3mg (6mg dose) PO psycho daily x21d PRN); no prescription. R1's Discharge Summary signed and dated December 10, 2025, indicated R1 was prescribed the following medications: - albuterol sulfate hydrofluoroalkane (HFA) 108 (90 base), inhale 1-2 puffs every six hours as	01850		

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01850	Continued From page 142 needed (PRN) for shortness of breath; on the MAR; - ascorbic acid (VITAMINC) 500mg tablet, take one tablet (500mg) PO daily for inadequate vitamin C; not on the MAR; - bisacodyl (DULCOLAX) 10mg suppository, insert one suppository (10mg) rectally daily PRN for constipation; on the MAR; - calcium carbonate (TUMS) 500mg chewable tablet, chew and swallow two tablets (1,000mg) PO every six hours PRN for acid indigestion; on the MAR; - cetirizine (ZYRTEC) 10mg tablet, take one tablet (10mg) PO daily PRN for allergies; on the MAR; - cyclobenzaprine (FLEXERIL) 10mg tablet, take one tablet (10mg) PO three times daily PRN for muscle spasms; on the MAR; - duloxetine (CYMBALTA) 60mg delayed realease (DR) capsule, take one capsule (60mg) PO daily; on the MAR; - diclofenac (VOLTAREN) 1% gel, apply 2-4 grams (g) to skin two times daily PRN; not on the MAR; - gabapentin (NEURONTIN) 300mg capsule, take two capsules (600mg) PO two times daily for neuropathic pain; not on the MAR; - gabapentin (NEURONTIN) 300mg capsule, take three capsules (900mg) PO daily at bedtime; on the MAR; - glucose 4g chewable tablet; chew and swallow four tablets (16g) PO PRN; on the MAR - ibuprofen (MOTRIN) 200mg tablet, take 2 tablets (400mg) PO two times daily PRN; on the MAR; - insulin aspart (NOVOLOG) 100u/ml pen injection, inject 8u SQ with meals and 3u PRN with snacks; on the MAR; - insulin glargine (BASAGLAR KWIKPEN) injection 100u/ml, inject 40u subqutaniously (SQ)	01850		

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01850	Continued From page 143 every evening; on the MAR; - levothyroxine (SYNTHOID) 75mcg tablet, take one tablet (75mcg) PO daily for underactive thyroid; on the MAR; - magnesium oxide (MAG-OX) 400mg tablet, take one tablet (400mg) PO two times daily with meals; not on the MAR; - melatonin 10mg tablet, take one tablet PO daily at bedtime; not on the MAR; - metformin extended release (XR) (GLUCOPHAGE XR) 500mg 24 hour release tablet, take two tablets (1,000mg) PO daily; on the MAR; - mirtazapine (REMERON) 7.5mg, take one tablet (7.5mg)PO at bedtime PRN for insomnia; on the MAR; - multivitamin with minerals tablet, take one tablet PO for vitamin A deficiency; not on the MAR; - nystatin (MYCOSTATIN 100,000 units (u)/g powder, apply topically two times daily PRN; on the MAR; - olanzapine (ZYPREXA) 5mg tablet, take one tablet (5mg) PO two times daily PRN; on the MAR; - omega-3 fatty acids (FISH OIL) 1000mg capsule, take one capsule (1,000mg) PO two times daily; not on the MAR; - omeprazole (PRILOSEC) 40mg capsule, take one (40mg) PO daily, take one hour before first meal of the day; not on the MAR; - ondansetron (ZOFRAN) 4mg disintegrating tablet, take one tablet (4mg) PO every eight hours PRN for nausea; on the MAR; - risperidone microspheres (RISPERDAL CONSTA) 50mg injection, inject 50mg intramuscularly (IM) every 14 days for schizoaffective disorder; not on the MAR; - rivaroxaban (XARELTO) 20mg tablet, take one tablet (20mg) PO daily with meal for blood clot within a vein; not on the MAR;	01850		

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01850	Continued From page 144 - rosuvastatin (CRESTOR) 20mg tablet, take one tablet (20) PO every evening for high amount of fats in the blood; not on the MAR; and - sennosides-docusate sodium (SENOKOT) 8.6-50mg tablet, take two tablets PO two times daily for constipation; not on the MAR. R1's After Visit Summary (AVS) dated April 12, 2026, unsigned, indicated R1 was prescribed the following medications: - acetaminophen 500mg tablet, take 1,000mg PO three times daily; not on the MAR; - albuterol sulfate HFA 108 (90 base), inhale 2 puffs every six hours as needed (PRN) for shortness of breath; on the MAR but does not match the MAR; - bisacodyl 10mg suppository, place 10mg rectally daily PRN for constipation; on the MAR; - gabapentin 300mg capsule, take three capsules (900mg) PO daily at bedtime for diabetic neuropathy; on the MAR; - hydrochlorothiazide 12.5mg tablet, take 12.5mg PO daily AM; not on the MAR and not on the signed orders; - insulin glargine injection 100u/ml pen, inject 40u SQ at bedtime for type two diabetes; on the MAR; - levothyroxine 75mcg tablet, take one tablet (75mcg) PO daily before breakfast for hypothyroidism; on the MAR; - metformin XR 500mg 24 hour release tablet, take two tablets (1,000mg) PO daily for type two diabetes; on the MAR; - multivitamin with minerals tablet, take one tablet PO for vitamin A deficiency; not on the MAR; - Novolog FLEXPEN 100u/ml, inject 14u SQ with meals for diabetes type two; not on the MAR and dose does not match the signed orders on December 10, 2025; - omeprazole 40mg capsule, take one (40mg) PO daily, take one hour before first meal of the day;	01850		

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01850	Continued From page 145 not on the MAR; - rivaroxaban 20mg tablet, take one tablet (20mg) PO daily with meal for blood clot within a vein; not on the MAR; and - rosuvastatin 20mg tablet, take one tablet (20) PO every evening for diabetic neuropathy; not on the MAR. R1's June MAR, Discharge Summary dated December 10, 2025, and AVS dated April 12, 2026, did not match. On June 16, 2026, at 11:52 a.m., clinical nurse supervisor (CNS)-C stated today, June 16, 2026, was the first day they had seen R1's AVS dated April 12, 2026. CNS-C stated no one notified them of the new AVS. While sitting on the couch, the surveyor moved one of the couch pillows and found two insulin pens behind the pillow including Lantus and Novolog; neither insulin pen had a pharmacy label or patient identifying information on them. CNS-C was sitting next to the pillow on the couch and stated the two insulin pens were R1's and they were comparing them to R1's AVS dated April 12, 2026, and stated the AVS did not match the two insulin pens. The surveyor inquired what the procedure was when a resident returned with an AVS. CNS-C stated someone should have notified them when the AVS arrived at the facility. A policy was requested which addressed the deficient practice, but none was provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01850		

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01880	Continued From page 146	01880		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store all medications in a securely locked location when a medication cart was left unlocked and unattended. Additionally, the licensee failed to store medications for a resident receiving medication administration for two of two residents (R1, R2). 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: R1 R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for medication reminders, medication setups, and medication administration.	01880		

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01880	Continued From page 147 R1's Medication Administration Record (MAR) dated June 14, 2026, indicated R1 took the following medications: - "Albuterol HFA 1-2 puffs inhale short q6h [every 6 hours] PRN [as needed]"; prescribed; - "Basaglar Kwik Pen 40 units subcut [subcutaneous] Pm"; prescribed; - "Bisacodyl Suppository 10mg [milligrams] rectal co daily PRN"; prescribed; - "Calcium Carbonate 1000mg PO [by mouth] heartbur [heartburn] q6h PRN"; prescribed; - "Cetirizine 10mg PO allergies daily PRN"; prescribed; - "cyclobenzaprine 10mg PO muscle spasm TID [three times per day] PRN"; prescribed; - "DUloxetine 60mg PO Am"; prescribed; - "Gabapentin 900mg (3 caps) PO Pm"; prescribed; - "Glucose 4g [grams] chewable 16g PO hypoglyce [hypoglycemia] PRN once"; prescribed; - "Haloperidol 5mg PO - 8AM Am"; no prescription; - "Haloperidol 5mg PO - 4PM"; no prescription; - "Ibuprofen 400mg PO pain BID [twice per day] PRN"; prescribed; - "Insulin Aspart 8 units w/meals Sub [subcutaneous]; unsigned after visit summary (AVS) dated April 12, 2026, indicated an updated dose to 14u; - "Levothyroxine 75 [micrograms] mcg"; prescribed; - "Mirtazapine 7.5mg PO insomnia QHS [at hour of sleep] PRN"; prescribed; - "Nystatin powder topical antifungal BID PRN" prescribed; - "Olanzapine 5mg PO paranoia/agitation BID PRN"; prescribed; - "Ondansetron 4mg PO nausea/vomiting q8h PRN"; prescribed; and - "Risperidone 3mg (6mg dose) PO psycho daily	01880		

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01880	Continued From page 148 x21d PRN); no prescription. R1's Assessment dated May 18, 2026, indicated R1 required the following medication assistance: - daily medication reminders; - daily assistance with medication administration; and - secure storage of all medications. On June 15, 2026, at 10:19 a.m., during the facility tour with owner/unlicensed personnel (O/ULP)-E, the surveyor observed the downstairs living room which had some of R1's belongings laid out on the floor in the middle of the room including a camera, bar of soap, mail, metro transit receipts, iodine, and gauze. There was also a clear plastic sandwich bag with two round orange senna-docusate 8.6-50mg tablets with an engraved label on the two pills of PH 32. O/ULP-E stated R1 was, "very OCD [obsessive compulsive disorder] about certain belongings." On June 15, 2026, at 10:33 a.m., the surveyor observed the upstairs office with O/ULP-E which had a four-drawer filing cabinet; the office door was left open and unattended. Each drawer had a key in the lock with a second key hanging from it. The door to the office where the medication cabinet was stored did not lock or have a locking mechanism. O/ULP-E stated the keys should not have been left in the cabinet as the door to the office does not lock. The surveyor inquired if one key worked for all four drawers or if a key only worked for one specific drawer. O/ULP-E stated they were not sure and began trying the different keys in the different drawer locks. The surveyor observed that each key was designed for each lock and was not interchangeable. The surveyor observed the top drawer contained R1's medication. The surveyor observed the second	01880		

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01880	Continued From page 149 from the top drawer contained R2's medications. On June 15, 2026, at 11:28 a.m., clinical nurse supervisor (CNS)-C stated the keys should not have been left in the cabinet and should have been with the ULP. On June 16, 2026, at 9:54 a.m., the surveyor questioned O/ULP-E why R1 had a MAR if they were managing their own medications. O/ULP-E stated R1 was having mental health issues and frequently made accusations their medications have been tampered with and did not trust the staff. O/ULP-E stated, "it is a tricky situation, [R1] is on a civil commitment as well and has been playing good-cop bad-cop trying to get him to take his medications." O/ULP-E stated they were setting up R1's medications for them in a pill strip container, and remaining medications left in the original medication bottles were kept in the locked medication cabinet. The surveyor inquired if R1 had been assessed to be safe to administer their own medication, O/ULP-E stated they would need to check with CNS-C. On June 16, 2026, at 10:32 a.m., the surveyor observed R1's bedroom with O/ULP-E and observed the following medications in their room: - glucose tablets grape flavor; - haloperidol 5mg tablet, - insulin glargine injection 100u/ml pen, inject 40u SQ at bedtime for type two diabetes; on the MAR; - melatonin 10mg gummies; - Novolog FLEXPEN 100u/ml, inject 14u SQ with meals for diabetes type two; not on the MAR and does not match the signed orders on December 10, 2025; - quetiapine 100mg tablet; take one tablet PO daily at bedtime; - a pill setup strip with an AM and PM side for	01880		

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01880	Continued From page 150 Sunday through Saturday which included - acetaminophen 500mg tablet, one tablet, in the AM for Monday - Wednesday; - omeprazole 40mg one capsule, in the AM for Monday - Wednesday; - acetaminophen 500mg tablet, one tablet in PM for Sunday, Monday and Friday; - senna-docusate 8.6-50mg tablet, one tablet in PM for Sunday, Monday and Friday; and - round purple tablet, unable to identify. On June 16, 2026, at 2:02 p.m., the surveyor inquired who was managing R1's medication. O/ULP-E stated they, O/ULP-E, were ordering and picking up R1's medications from the pharmacy. O/ULP-E stated it was a special situation where they were trying to advise R1 to help make sure they would take their medication. O/ULP-E stated R1 made frequent accusations their medications had been tampered with. The surveyor inquired, "so essentially you let [R1] do what [R1] wants with [R1's] medications so that [R1] doesn't have behaviors?" O/ULP-E stated, "Yes." CNS-C stated to O/ULP-E, "[R1] is self-administering right?" The surveyor inquired who was making the decisions as to whether or not R1 should be self-administering medication or not, CNS-C or O/ULP-E? CNS-C stated they learned today R1 was no longer being seen by their clinic since R1 was missing appointments. CNS-C stated their assessments of R1 indicated R1 was not safe to self-administer medications and they should be storing all medications for R1. R2 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned,	01880		

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01880	Continued From page 151 indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R2's MAR dated June 14, 2026, indicated R2 took the following medications: - "amlodipine (NORVASC) 5mg PO [by mouth] Am"; - "Aspirin 81 mg chewable PO Am"; - "Atorvastatin (LIPITOR) 40 mg PO Am"; - "Brimonidine 0.2% (ALPHAGAN) Am Lef"; - "Carvedilol (COREG)12.5mg PO Am Pm"; - "Cyclobenzaprine (FLEXERIL) 10mg Am Pm"; - "Dorzolamide-Timolol (COSOPT) AM BO"; - "Losartan (COZAAR) 100mg PO am"; - "Metformin XR 1000mg PO - 8 Am, am, Pm"; and - "Terbinafine (LAMISIL) 1% cream To". On June 17, 2026, at 7:44 a.m., the surveyor observed O/ULP-E administer medication to R2. The licensee's 7.11 Medication Storage policy dated March 1, 2026, indicated, "When medications are managed and stored by [Licensee], medications will be kept securely locked and stored per manufacturer's directions. Only authorized staff will have access to stored medications."	01880		

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01880	Continued From page 152 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=F	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 time-sensitive medications were labeled with a legible opened-on date for two of two residents (R1, R2) with medications. Further, the licensee failed to ensure insulin pens were labeled with resident identifying information for two of two residents (R1, R2). 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: R1 was admitted to the licensee on February 17,	01890		

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01890	Continued From page 153 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R1's Medication Administration Record (MAR) dated June 14, 2026, indicated R1 took the following injection medications: - "Basaglar Kwik Pen 40 units subcut [subcutaneous] Pm"; and - "Insulin Aspart 8 units w/meals Sub [subcutaneous]". R2 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance	01890		

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01890	Continued From page 154 assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. On June 16, 2026, at 10:32 a.m., the surveyor observed R1's bedroom with owner/unlicensed personnel (O/ULP)-E which included a Lantus Solostar insulin pen and a Novolog Flexpen, both were on the carpeted floor and were partially used. Both insulin pens lacked resident identifying information and opened-on dates. O/ULP-E stated both of the insulin pens were in use by R1. O/ULP-E stated they did not have any additional insulin pens in storage for R1, and they were the last two insulin pens R1 had. On June 16, 2026, at 10:39 a.m., the surveyor observed R2's medication drawer with O/ULP-E. The surveyor observed a cyclobenzaprine medication bottle with R2's identifying information on it which contained two white oval acetaminophen 650mg tablets with identification engravings G 650. The surveyor observed a plastic sandwich bag which included eight round blue cyclobenzaprine 10mg tablets with U 12 engravings on them, the bag had no resident identifying information. The surveyor observed three bottles of brimonidine tartate 0.2% ophthalmic solution and two bottles of dorzolamide hydrochloride/timolol maleate 2%/0.5% ophthalmic solution bottles in R2's medication drawer; all five bottles were opened and lacked patient identifying information or pharmacy labels. O/ULP-E stated R2 brought the above-mentioned eye drop bottles with them when they were admitted. O/ULP-E stated they	01890		

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01890	Continued From page 155 were unaware of the loose cyclobenzaprine in the bag and of the acetaminophen in the cyclobenzaprine bottle. On June 16, 2026, at 11:52 a.m., clinical nurse supervisor (CNS)-C stated both of the above-mentioned insulin pens belonged to R1. On June 16, 2026, at 1:57 p.m., CNS-C stated both of R1's insulin pens lacked resident labeling of any kind and opened-on dates. CNS-C stated they were aware of the requirement. On June 16, 2026, at 2:02 p.m., CNS-C stated they did a medication reconciliation for all residents when they were admitted. CNS-C stated they were unaware R2's medication drawer had the above-mentioned eye drop bottles, loose cyclobenzaprine, and acetaminophen in the wrong bottle. CNS-C stated they were planning on being at the facility on the upcoming Friday, June 19, 2026, to go through the medication cabinet and drawers. On June 17, 2026, at 11:29 a.m., CNS-C stated the above-mentioned medications for R2 were brought in by the resident when they were admitted. CNS-C stated they were not administering the above-mentioned medications for R2 because they were waiting for new medications to be delivered by the pharmacy, however R2's MAR did indicate they were administered cyclobenzaprine and dorzolamide hydrochloride/timolol. The manufacturer instructions for Lantus Solostar Pens last revised in May 2025, indicated, "Only use your pen for up to 28 days after its first use. Throw away the LANTUS SoloStar pen you are using after 28 days, even if it still has insulin left in	01890		

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01890	Continued From page 156 it." The manufacturer instructions for Novolog FlexPen last revised in May 2026, indicated, "Store unused NovoLog® pens, PenFill® cartridges, and vials at room temperature up to 86°F for up to 28 days," and, "Dispose after 28 days, even if there is insulin left in the pen or vial." The licensee's 7.11 Medication Storage policy dated March 1, 2026, indicated: "-Medications will be stored consistent with each residents' medication management plan and service plan. -Medications managed by Pinecare Health Assisted Living will be stored to prevent diversion of medications by residents or others who may have access to the medications. Diversion means the misuse, theft, or illegal or improper dispositions of medications. -Medications managed outside of a resident's private "living space" must be in securely locked and substantially constructed compartments and permit only authorized personnel to have access. This may be a medication room, medication cart, or similar setup. -Medications will be stored consistent with manufacturer's recommendations (refrigerated, room temperature, or frozen)." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of	01940		

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(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
01940	Continued From page 157 ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. 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 treatment or therapy management plan to include all required content for two of two residents (R1, R2) who received treatments. This practice resulted in a level two violation (a	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42240	A. BUILDING: _____ B. WING _____	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINECARE HEALTH LLC	1225 COUNTY ROAD B W ROSEVILLE, MN 55113

(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
01940	Continued From page 158 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: R1 R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R1's Medication Administration Record (MAR) for February 8, 2026, to June 16, 2026, indicated R1 received "Accu-chek Glucose Monitoring Finger." R1's Discharge Summary signed and dated December 10, 2025, indicated R1 was prescribed the following treatments:	01940		

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01940	Continued From page 159 -blood glucose monitoring Accu-chek; use meter as directed to test glucose four times per day before meals and at bedtime for type two diabetes. R1's record lacked an individualized treatment plan to include blood glucose monitoring. R2 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. On June 16, 2026, at 10:39 a.m., owner/unlicensed personnel (O/ULP)-E stated clinical nurse supervisor (CNS)-C had arrived at the facility and was providing as needed (PRN) wound care dressing changes on both of R2's feet. O/ULP-E stated R2's wound care nurse was unable to make it until tomorrow for their scheduled visit. On June 16, 2026, at 10:50 a.m., the surveyor observed CNS-C providing wound care to R2's feet.	01940		

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01940	Continued From page 160 On June 17, 2026, at 11:47 a.m., CNS-C and O/ULP-E stated they were unable to locate individualized treatment plans for R1 and R2. CNS-C and O/ULP-E both stated R1 and R2 received the above-mentioned treatments. The licensee's 7.05 Treatment & Therapy Management Plan dated March 1, 2026, indicated, "For each resident at [Licensee] receiving management of ordered or prescribed treatments or therapy services, the facility will prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01960 SS=F	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	01960		

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01960	Continued From page 161 review, the licensee failed to document treatment administration for two of two residents (R1, R2) receiving treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted to the licensee on February 17, 2026. R1's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R1 received services for appointment assistance, arranging transportation nonmedical, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, incontinence care, manage behavior for agitation, anxiety, physical, self-isolation, self-injurious, verbal aggression and depression, meal assistance, medication administration, medication reminder, medication setup, mental health -schizoaffective disorder management, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, and transportation nonmedical. R1's Medication Administration Record (MAR) for February 8, 2026, to June 16, 2026, indicated R1 received "Accu-chek Glucose Monitoring Finger,"	01960		

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01960	Continued From page 162 and lacked documentation it was completed. R1's Discharge Summary signed and dated December 10, 2025, indicated R1 was prescribed the following treatments: -blood glucose monitoring Accu-chek; use meter as directed to test glucose four times per day before meals and at bedtime for type two diabetes. R1's record lacked documentation blood glucose monitoring treatments were administered. R2 R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for appointment assistance, arranging transportation nonmedical, assistance with walking, bathing assistance shower or bath, congregate meal prep breakfast, congregate meal lunch, congregate meal snack, congregate meal supper, dressing, finance assistance, grooming, home management, manage behavior for agitation and anxiety, medication administration, medication reminder, position/repositioning, record vital signs, safety checks, shopping assistance, socialization, symptom screening 1, and transportation nonmedical. R2's MAR for March 22, 2026, through June 16, 2026, indicated R2 required BG monitoring AM and PM. It indicated R2's BG had been check May 26, 2026, through June 17, 2026, but did not indicate the BG result. On June 16, 2026, at 2:02 p.m., CNS-C stated	01960		

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01960	Continued From page 163 they were supposed to be checking R1's BG but R1 would not allow them to. CNS-C stated R1 tells staff that they are checking their BG levels themselves but at this time they had no way of knowing if R1 was actually checking their BG. CNS-C stated there was no documentation BG had been checked for R1 or R2. On June 17, 2026, at 11:47 a.m., CNS-C stated they did not have documentation for R1 or R2's BG checks. CNS-C stated R2 was supposed to be having their BG checked by the facility staff but was unsure if it was being completed. O/ULP-E stated they were under the assumption R2's BG checks were being completed but now with his ULP admission of falsifying documentation they weren't sure anymore. R2's record lacked documentation treatments were administered for recording record respiration, blood pressure, wound care and blood glucose monitoring. On June 17, 2026, at 12:35 p.m., CNS-C stated R2 was supposed to have BG checks two times a day. CNS-C scrolled through R2's glucometer to show the surveyor if they had been checking R2's BG levels. R2's glucometer indicated the following BG checks which contradicted R2's MAR BG monitoring documenation: -May 26, 2026, BG level 197; -June 2, 2026, BG 117; -June 5, 2026, BG 225; -June 5, 2026, BG 165; -June 8, 2026, BG 177; -June 11, 2026, BG 127; -June 12, 2026, BG 197; -June 15, 2026, BG 102; -June 15, 2026, BG 174; -June 16, 2026, BG 144; and	01960		

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01960	Continued From page 164 -June 17, 2026, BG 219. On June 17, 2026, at 1:16 p.m., R2 stated the licensee was not checking their BG two times per day; they stated typically their BG wasn't checked at all. The licensee's 7.202 Medication & Treatment Record - Documentation & Refusal policy dated March 1, 2026, indicated: "1) The following must be documented in the resident's medication and/or treatment/therapy records 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 and or treatments/therapy e. Signature and title of the authorized person who provided the assistance and/or administration of medications/treatment/therapy 2) If medication and or treatment/therapy assistance and/or administration were 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 OF CORRECTION: Seven (7) days	01960		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The	01970		

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01970	Continued From page 165 order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure there were prescriber's orders for treatments for one of two residents (R2). 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: R2 was admitted to the licensee on March 21, 2026. R2's Addendum to Contract - Waiver - MN service plan dated June 16, 2026, unsigned, indicated R2 received services for: -record blood glucose. R2's record lacked prescriber's orders for blood glucose monitoring. On June 16, 2026, at 10:06 a.m., the surveyor owner/unlicensed personnel (O/ULP)-E stated they did not have R2's signed treatment orders.	01970		

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01970	Continued From page 166 O/ULP-E stated CNS-C was supposed to fax a request for orders over to R2's doctor but never did so. On June 16, 2026, at 10:39 a.m., O/ULP-E stated clinical nurse supervisor (CNS)-C had arrived at the facility and was providing as needed (PRN) wound care dressing changes on both of R2's feet. O/ULP-E stated R2's wound care nurse was unable to make it until tomorrow for their scheduled visit. On June 16, 2026, at 10:50 a.m., the surveyor observed CNS-C providing wound care to R2's feet. On June 16, 2026, at 1:09 p.m., CNS-C's progress note for R2 indicated they completed wound care for R2. On June 16, 2026, at 1:57 p.m., CNS-C stated they would look for R2's treatment orders. On June 17, 2026, at 11:47 a.m., CNS-C and O/ULP-E stated they were unable to find any treatment orders for R2. CNS-C stated they were providing the above mentioned treatments to R2. The licensee's 7.20 Medication and Treatment Orders policy dated March 1, 2026, indicated, "To ensure a current, written prescriber's order must be obtained for any treatment or medication administration provided to a resident. Prescriptions or orders that are to be implemented must be received from an authorized prescriber. And, to ensure ongoing evaluation of medications and treatments." No further information was provided.	01970		

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01970	Continued From page 167 TIME PERIOD FOR CORRECTION: Seven (7) days	01970		
02410 SS=F	144G.91 Subd. 13 Personal and treatment privacy (a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan. (b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan. (c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support reasonable privacy during activities for toileting and bathing for all residents, staff, and visitors. This practice resulted in a level two violation (a	02410		

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02410	Continued From page 168 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The facility was a multi-level home with two lower levels, a main floor, and an upstairs level. One lower level had a bedroom and a bathroom, the main level had two bedrooms and one bathroom, and the upper level had two bedrooms and a bathroom. On June 15, 2026, at 11:07 a.m., the surveyor observed the above-mentioned bedroom and bathroom doors throughout the facility with owner/unlicensed personnel (O/ULP)-E and only the main level bathroom had a locking mechanism which was broken, the rest of the above mentioned bedroom and bathroom doors lacked a locking mechanism. O/ULP-E stated none of the bedrooms or bathroom doors could be locked; they stated it was difficult to replace the door handles as they didn't always line up with the previous door handle installation holes. On June 17, 2026, at 12:52 p.m., R3 stated they disliked the lack of privacy due to doors not locking. On June 17, 2026, at 1:16 p.m., R2 stated they wished the bathroom and their bedroom door had locks on them. No further information was provided.	02410		

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02410	Continued From page 169 TIME PERIOD FOR CORRECTION: Seven (7) days	02410		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the required verbatim notice was posted at the facility main entrance to disclose electronic monitoring activity. This practice resulted in a level one violation (a violation that will cause only 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: On June 15, 2026, at 9:30 a.m., the surveyor observed the main entrance of the facility which lacked a posting with the required verbatim notice disclosing electronic monitoring. On June 15, 2026, at 10:19 a.m., during the facility tour with owner/unlicensed personnel (O/ULP)-E, the surveyor observed the facility	03090		

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03090	Continued From page 170 lacked a posting with the required verbatim notice disclosing electronic monitoring. On June 15, 2026, at 11:14 a.m., O/ULP-E stated they did not know about the electronic monitoring signage requirement. O/ULP-E stated they did not have the required posting anywhere in the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	03090		

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

Food & Beverage Inspection Report

Establishment Info

Pinecare Health LLC
225 COUNTY ROAD B W
Roseville, MN 55113
Ramsey County
Parcel:

Phone:

License Info

License: HFID 42240

Risk:
License:
Expires on:
CFPM: Hussein Hussein
CFPM #: TBD; Exp:

Inspection Info

Report Number: F1025261123
Inspection Type: Full - Joint
Date: 6/16/2026 Time: 12:30 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 2
Total Priority 3 Orders: 0
Delivery:

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: TCS foods in refrigerator above 41 deg F (ambient temperature < 41 deg F).Maintain cold TCS foods at or below 41 deg F (regardless of ambient temperature). Thermostat adjusted during inspection. Verify food temperature using a food thermometer.
Comply By: 6/16/2026 Originally Issued On: 6/16/2026

New Order: 4-200 Equipment Design and Construction
4-204.115 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0635 Provide a temperature measuring device in the warewashing machine that indicates the temperature of the water in the wash tank, rinse tank, and the water that enters the sanitizing final rinse manifold or the chemical sanitizing solution tank.
COMMENT: Provide a means of testing the interior temperature of the dish washer.
Comply By: 6/19/2026 Originally Issued On: 6/16/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.12B *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.
COMMENT: Provide a food thermometer for the establishment.
Comply By: 6/19/2026 Originally Issued On: 6/16/2026

Food & Beverage General Comment

Inspection conducted with MDH C Kipping and J Figueroa

Facility has a two compartment sink, laminate counter, LVCT flooring, painted wood cabinets, residential appliances, dishwasher with a sani rinse option (dishwasher in use during inspection, unable to verify make/model)

When obtained, post the Certified Food Protection Manager certificate.
Course certificate within the past 6 months available, discussed submission to CFPM process and MDH website during inspection.

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 F1025261123 from 6/16/2026

Hussein

Casey Kipping, MA RS
Public Health Sanitarian 3
651-201-4513
casey.kipping@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Pinecare Health LLC
Roseville
County/Group: Ramsey County

Inspection Info

Report Number: F1025261123
Inspection Type: Full
Date: 6/16/2026
Time: 12:30 PM

Food Temperature: Product/Item/Unit: Mayo**; Temperature Process:** Cold holding
Location: Refrigerator door at 45 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: TCS beverage**; Temperature Process:** Cold holding
Location: Refrigerator main at 45 Degrees F.
Comment:
Violation Issued?: Yes

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL42240015-0	**Date:** June 15, 2026
Facility Name: Pinecare Health LLC	
Facility Address: 1225 County Road B W, Roseville, MN 55113	

☒ **TAG IDENTIFICATION: 0800**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

   Comments: There was a plumbing leak under the kitchen sink.

   The baseboard hot water radiator in resident room 3 was not installed and was in the middle of the floor. The hot water pipe was capped on both ends. Owner (O)-E stated that the heating pipes had frozen and broke. O-E stated that the landlord had capped the heating pipes and that the landlord needed to repair it. There was no other heat source in resident room 3. Heating appliances shall be installed and maintained in accordance with the manufacturer's instructions and the Minnesota State Building Code.

   There was a dark water stain on the ceiling in resident room 4.

   There was peeling paint in the first floor kitchen.

   There was a hole in the ceiling in resident room 5.

   There was a hole in the siding and peeling paint on the rear of the facility near the back door.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 3; 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 are readily available at all times within the facility. [Minn. Stat. 144G.45 subd.2]

Comments: On June 15, 2026, at 1:15 p.m. O-E stated that they had spoken to another provider that they know and that they were told that they needed to develop an FSEP. O-E stated that they had not developed an FSEP.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include the location and number of resident rooms. [Minn. Stat. 144G.45 subd.2]

   Comments: There was no facility map provided during record review.

3. 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: On June 15, 2026, at 1:15p.m. O-E stated that they had not developed an FSEP with staff actions to take in the event of a fire or similar emergency.

4. 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: On June 15, 2026, at 1:15 p.m. O-E stated that they had not developed an FSEP that included resident actions to take in the event of a fire or similar emergency.

5. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include 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. [Minn. Stat. 144G.45 subd.2]

   Comments: On June 15, 2026, at 1:15 p.m. O-E stated that they had not developed an FSEP that included unique or unusual resident needs for evacuation during a fire or similar emergency.

6. Employees of assisted living facilities shall receive training on the fire safety and evacuation plans (FSEP) upon hiring and at least twice per year thereafter. [Minn. Stat. 144G.45 subd.2]

   Comments: No staff training records were provided for review during the survey.

7. 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. [Minn. Stat. 144G.45 subd.2]

   Comments: No resident training records were provided for review during the survey.

8. Evacuation drills are required for employees 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. [Minn. Stat. 144G.45 subd.2]

Comments: No drill records were provided for review during the survey.