



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 3, 2026

Licensee
Lighthouse Assisted Living LLC
818 19th Ave Northeast
Minneapolis, MN 55418

RE: Project Number(s) SL41849015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on July 29, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;

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

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

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - \$500.00

The total amount you are assessed is \$500.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by MDH within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Renee L. Anderson". The signature is written in a cursive, flowing style.

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

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41849	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER LIGHTHOUSE ASSISTED LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 818 19TH AVE NE MINNEAPOLIS, MN 55418		
(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: SL41849015-0 On July 27, 2026, through July 29, 2026, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 4 residents, all of whom were receiving services under the provider's Provisional Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance 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 surveyors' 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 pursuant to 144G.31 Subd. 1, 2 and 3.		
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	0 730			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 730	Continued From page 1 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; (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	0 730			

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0 730	Continued From page 2 (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 one of one residents (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: R3 admitted June 20, 2026, with diagnoses including Type 2 diabetes. R3's signed service plan, effective June 28, 2026, indicated R3 received services including appointment assistance, insulin draws, behavior management and medication administration. On July 28, 2026, at 9:30 a.m., the surveyor observed ULP-E assisting R3 with medication administration. R3's Service Recap Summary for July 2026, was identified by clinical nurse supervisor (CNS)-A as their documentation of services the licensee provided for R3. The Service Recap Summary document included a line item for each service to	0 730			

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0 730	Continued From page 3 be provided by the licensee and a box for every date and time of day where the staff member who completed the service would initial when the service was provided or a circle around their initials to indicate a service was not provided. R3's Service Recap Summary included dates that lacked documentation the scheduled services were provided as agreed upon in the Service Plan, or why the services were declined/refused; the dates included: -July 1-27. On July 29, 2026, at 8:30 a.m., clinical nurse supervisor (CNS)-A stated it looked like the ULP were not documenting services provided correctly and he would need to retrain the staff. CNS-A further stated there were some items on the Service Recap Summary that were not being provided and need to be removed from the service plan. CNS-A stated they were not working for the licensee when R3 was admitted, and the previous nurse may have added the service by mistake. Licensed assisted living director (LALD)-C stated he and CNS-A were recently hired and were working on making corrections. The licensee's 2.37 Resident Record - Documentation policy dated August 13, 2025, indicated when medications, services, treatments, or therapies were not performed per the service agreement and schedule, staff must document the reason, and tasks not performed or administered must be reported and followed up on to meet the resident's needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730			

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0 810	Continued From page 4	0 810			
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans 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:	0 810			

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0 810	Continued From page 5 Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated July 28, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01470 SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the	01470			

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01470	Continued From page 6 maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology	01470			

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01470	Continued From page 7 that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employees received orientation to include all required content for one of three employees (clinical nurse supervisor (CNS)-A). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: CNS-A was hired on July 12, 2026, to provide direct care services and supervision for the licensee's residents and staff. On July 27, 2026, through July 29, 2026, during the survey period, the surveyor observed CNS-A supervising the licensee's staff and performing administrative duties. CNS-A's employee record lacked documentation the following orientation topics were completed	01470			

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01470	Continued From page 8 prior to providing assisted living services: - an overview of the appropriate Assisted Living statutes 144G and rules; - compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); - the assisted living bill of rights and staff responsibilities; - the principles of person-centered planning and service delivery and how they apply to direct support services; - handling of resident complaints, reporting of complaints, where to report; - consumer advocacy services; and - review of types of Assisted Living services the employee will provide and provider's scope of license. On June 30, 2026, at 9:20 a.m., CNS-A stated they had not had orientation through the current licensee and had thought all their education was transferable from one provider to another. The licensee's 5.01 Orientation of Staff and Supervisors and Content policy dated August 13, 2025, indicated orientation would include all the required topics and be documented in the employee record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470			
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 9 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 ensure a current written service plan was revised to reflect the current services provided for two of two 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 the potential to affect a large portion or all of the residents).	01640			

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01640	Continued From page 10 The findings include: R2 R2's signed service plan, effective June 27, 2026, indicated R2 received services including medication reminders 3 times a day, and medication setup 1 day per week. On July 28, 2026, at 8:15 a.m., the surveyor observed ULP-C assist R2 with bathing. R3 R3's signed service plan, effective June 28, 2026, indicated R3 received services including assistance with bathing, behavior management, medication administration and "insulin draws". On July 28, 2026, at 9:30 a.m., the surveyor observed ULP-E assist R3 with medication administration. R3's Service Recap Summary for July 2026, was identified by clinical nurse supervisor (CNS)-A as their documentation of services the licensee provided for R3. The Service Recap Summary indicated insulin draws were to have been done three times daily in the a.m., the p.m., and at bedtime. The July 2026 documentation indicated the service had not been provided. On July 29, 2026, at 8:30 a.m., CNS-A identified R2's June 20, 2026, service plan and R3's June 28, 2026, service plan as their most current signed service plans. CNS-A stated they were not currently providing medication set up services for R2 or insulin draws for R3, and they were not sure why they were on service plans. CNS-A stated they were not working for the licensee when R2 and R3 were admitted, and the previous nurse may have added the services by mistake.	01640			

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01640	Continued From page 11 Licensed assisted living director (LALD)-C stated he and CNS-A were recently hired and were working on making corrections. The licensee's 6.08 Service Plan policy, dated August 13, 2025, indicated the service plan would include a description of the services to be provided based on the most recent assessment and resident preferences. The policy further indicated the service plan would be revised based on resident reassessments and monitoring. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			
01760 SS=F	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 document	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41849	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER LIGHTHOUSE ASSISTED LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 818 19TH AVE NE MINNEAPOLIS, MN 55418		
(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
01760	Continued From page 12 administration of medications according to provider orders for one of one resident (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: R3 admitted June 20, 2026, with diagnoses including Type 2 diabetes. R3's signed service plan, effective June 28, 2026, indicated R3 received services including assistance with medication administration. On July 28, 2026, at 9:30 a.m., the surveyor observed unlicensed personnel (ULP)-E assisting R3 with medication administration. R3's electronic medication administration record (EMAR), dated July 1 through July 27, 2026, lacked documentation for the following scheduled medication: -aspirin (heart attack and stroke preventative) and Caffeine 81 milligrams (mg) daily, on July 2; -capsaicin (mild pain) 0.075% daily, on July 2; -escitalopram (antidepressant) 10 mg daily, on July 2; -ferrous fumarate and polysaccharide iron (supplement) 324 mg daily, on July 2; -vitamin D (supplement) 1000 units daily, on July 2 -hydroxyzine (anxiety) 10-20 mg daily at bedtime,	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41849	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER LIGHTHOUSE ASSISTED LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 818 19TH AVE NE MINNEAPOLIS, MN 55418		
(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
01760	Continued From page 13 on July 5, 7 -gabapentin (nerve pain) 600 mg three times daily, PM shift on July 5, 7, 13; -rosuvastatin calcium (manage cholesterol)10 mg daily at bedtime, on July 5, 7, 13; -Lantus (long acting insulin to control blood sugar) 24 units daily at bedtime, on July 5, 6, 7; and -trazadone (antidepressant) 50 mg daily at bedtime, on July 5, 7, 13. R3's record lacked documentation the medications were administered as prescribed, or the reason why medication administration was not completed as prescribed and any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed. On July 28, 2026, at 3:15 p.m., clinical nurse supervisor (CNS)-A stated they were not sure why the EMAR was missing documentation. CNS-A further stated they thought it could be because the ULP were setting the resident's status to "on hold" whenever the resident left the building without signing out or alerting the staff. CNS-A stated he believed if a resident's status was on hold then staff were unable to document in the record. CNS-A stated they would investigate the matter more. The licensee's 2.37 Resident Record - Documentation policy dated August 13, 2025, indicated when medications, services, treatments, or therapies were not performed per the service agreement and schedule, staff must document the reason. The policy further indicated tasks not performed or administered must be reported and followed up on to meet the resident's needs.	01760			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41849	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2026
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01760	Continued From page 14 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure written or electronically recorded prescriptions as defined in Minnesota Statutes 151.01, subdivision 16a, had been obtained for one of one resident (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 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: R3's signed service plan, effective June 28, 2026, indicated R3 received services including assistance with medication administration. R3's electronic medication administration record	01820			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41849	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2026
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01820	Continued From page 15 (EMAR) dated July 2026, indicated Lantus 18 units was scheduled daily at bedtime. R3's provider orders dated July 9, 2026, included, Lantus 100 unit/milliliter (ml), inject 18 units daily for Type 2 diabetes. The order lacked directions for use indicating Lantus should be given at the same time every day. On July 28, 2026, at 9:30 a.m., the surveyor observed unlicensed personnel (ULP)-E assist R3 with medication administration, including 18 units of Lantus. ULP-E placed the needle on the injector pen, primed with 2 units of Lantus, and set the injector pen to 18 units. Clinical nurse supervisor (CNS)-A stopped ULP-E prior to administration and stated the Lantus was to be given at bedtime. On July 28, 2026, at 9:40 a.m., housing manager (HM)/ULP-B stated R3 had been given Lantus previously on day shifts whenever R3 requested it to be given early. HM/ULP-B stated the provider order indicated it was to be given daily and she thought it was okay for the ULP to administer the Lantus whenever the resident requested it. On July 28, 2026, at 9:50 a.m., CNS-A stated the ULP should follow the EMAR and administer medications as directed. Licensed assisted living director (LALD)-C stated they would need to discuss with R3 when they preferred to take the Lantus and re-educate staff that they must follow the instructions provided on the EMAR. On July 29, 2026, at 9:05 a.m., CNS-A stated they did not realize the provider order lacked direction and thought it would be okay to just schedule the Lantus to be given at bedtime.	01820			

Minnesota Department of Health

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01820	Continued From page 16 The licensee's 7.17 Medication & Treatment Orders - Receiving policy dated August 13, 2025, indicated medication orders would contain the name of the drug, dosage, frequency, route, indication and directions for use. The manufacturer's prescribing information for the use of Lantus, insulin glargine injection, revised June 2023, indicated the medication should be administered "once daily at any time of day, but at the same time every day." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			
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 review, the licensee failed to document treatment administration for one of one resident (R3). This practice resulted in a level two violation (a	01960			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41849	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2026
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01960	Continued From page 17 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: R3's signed service plan, effective June 28, 2026, indicated R3 received services including assistance with medication administration and blood glucose monitoring. R3's provider orders dated July 6, 2026, indicated R3's blood glucose levels should be recorded three times per day, daily. On July 28, 2026, at 9:30 a.m., the surveyor observed ULP-E perform blood glucose monitoring for R3. R3's Service Recap Summary for July 2026, was identified by clinical nurse supervisor (CNS)-A as their documentation of services the licensee provided for R3, including blood glucose monitoring. The Service Recap Summary lacked an indication R3 received blood glucose monitoring three times a day (or a reason why it had not been completed) on July 2, 7-8, 12-13, 22, and 24. On July 29, 2026, at 8:30 a.m., CNS-A stated it looked like the ULP were not documenting services provided correctly and he would need to retrain the staff. Licensed assisted living director (LALD)-C stated he and CNS-A were recently hired and were working on making corrections.	01960			

Minnesota Department of Health

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01960	Continued From page 18 The licensee's 2.37 Resident Record - Documentation policy dated August 13, 2025, indicated staff providing assisted living services would document daily medications, services, and treatments provided to the resident. The policy further indicated that when treatments were not performed per the service agreement and schedule, staff would document the reason why it was not performed or administered. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960			
02320 SS=F	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure unlicensed personnel (ULP) followed appropriate medication administration procedures. 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	02320			

Minnesota Department of Health

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02320	Continued From page 19 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: R3 admitted June 20, 2026, with diagnoses including Type 2 diabetes. R3's signed service plan, effective June 28, 2026, indicated R3 received services including assistance with medication administration. R3's record included provider orders dated July 6, 2026, for Lantus (long-acting insulin used to control blood sugar) 24 units subcutaneously (between the skin and the muscle) to be given daily, and a provider order dated July 9, 2026, changing the Lantus to 18 units subcutaneously to be given daily. R3's electronic medical record EMAR dated July 2026, indicated Lantus was scheduled daily at bedtime. On July 28, 2026, at 8:00 a.m., ULP-E stated they had been trained by the previous registered nurse on medication administration. On July 28, 2026, at 9:30 a.m., the surveyor observed ULP-E prepare to administer 18 units of Lantus to R3. ULP-E placed the needle on the injector pen, wasted 2 units of Lantus, and set the injector pen to 18 units. Clinical nurse supervisor (CNS)-A stopped ULP-E prior to administration and stated the Lantus was to be given at bedtime. R3's Medication Admin Summary for July 2026, under the scheduled med notes, indicated R3 had	02320			

Minnesota Department of Health

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02320	Continued From page 20 been given Lantus during the day on: - July 1, 4, 14 and 15, by housing manager (HM)/ULP-B, - July 11, 12, and 18, by ULP-D, and -July 18, by ULP-F. On July 28, 2026, at 9:40 a.m., HM/ULP-B stated they had previously given R3 Lantus on day shifts whenever R3 requested it to be given early. HM/ULP-B stated the provider order indicated it was to be given daily and she thought it was okay for the ULP to administer the Lantus whenever the resident requested it. On July 28, 2026, at 9:50 a.m., CNS-A stated the ULP should follow the EMAR and administer medications as directed, CNS-A further stated he was not sure why the ULP were not following the directions listed on the EMAR. Licensed assisted living director (LALD)-C stated they would need to discuss with R3 when they preferred to take the Lantus and re-educate staff that they must follow the instructions provided on the EMAR. The licensee's 2.37 Resident Record - Documentation policy dated August 13, 2025, indicated when medications, services, treatments, or therapies were not performed per the service agreement and schedule, staff must document the reason. The policy further indicated tasks not performed or administered must be reported and followed up on to meet the resident's needs. The licensee's 6.14 Delegation of Assisted Living Services policy dated August 13, 2025, indicated when the registered nurse delegates tasks to the unlicensed personnel, that person will ensure that the ULP is trained in the proper methods to perform the tasks and is able to demonstrate the	02320			

Minnesota Department of Health

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02320	Continued From page 21 ability to competently follow the procedures and perform the tasks. The manufacturer's prescribing information for the use of Lantus, insulin glargine injection, revised June 2023, indicated the medication should be administered "once daily at any time of day, but at the same time every day." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320			



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

Food & Beverage Inspection Report

Page: 1

Establishment Info

LIGHTHOUSE ASSISTED LIVING LLC
818 19th Ave NE
Minneapolis, MN 55418
Hennepin County
Parcel:

Phone:

License Info

License: HFID 41849

Risk:
License:
Expires on:
CFPM: Ubah Mohamed Jama
CFPM #: 61748; Exp: 10/01/2028

Inspection Info

Report Number: F1013261045
Inspection Type: Full - Single
Date: 7/27/2026 Time: 02:00 pm
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

The inspection was completed with the operator then reviewed with MDH Nurse Evaluator T. Carlson.

The establishment has a residential kitchen and serves food prepared on the same day. The kitchen has wood cabinets, wood floor, tile walls, laminate counter top, and a textured ceiling.

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

Residential dish machine is available to wash ware. The dish machine should be run on the sanitize/high temperature cycle.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, food storage, and food handling procedures.

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 F1013261045 from 7/27/2026

Ubah Mohamed Jama
Operator

Jerry Malloy,
Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info

LIGHTHOUSE ASSISTED LIVING LLC
Minneapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1013261045
Inspection Type: Full
Date: 7/27/2026
Time: 02:00 pm

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

Location: Refrigerator at 40 Degrees F.

Comment:

Violation Issued?: No

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

Location: Refrigerator at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: Freezer at 26 Degrees F.

Comment:

Violation Issued?: No



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

Sanitizer Observations/Recordings

Page: 1

Establishment Info	Inspection Info
LIGHTHOUSE ASSISTED LIVING LLC	Report Number: F1013261045
Minneapolis	Inspection Type: Full
County/Group: Hennepin County	Date: 7/27/2026
	Time: 02:00 pm

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

Location: Kitchen **Equal To** 166 Degrees F.

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL41849015-0	Date: July 28, 2026
Facility Name: LIGHTHOUSE ASSISTED LIVING LLC	
Facility Address: 818 19TH AVE NE MINNEAPOLIS MN 55418	

☒ TAG IDENTIFICATION: 0810

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

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

Comments: The FSEP failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine, and Extinguish or Evacuate).

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

Comments: The FSEP did not identify specific fire protection actions for residents. There was no section in the plan that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency.

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans 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: The facility used an electronic care plan website and paper documents for standard resident evacuation procedures. The licensed assisted living director (LALD)-C; provided documentation from the website with each resident's evacuation plan. Documents only stated that each resident needed assistance but didn't provide instructions for what each residents individuals needs were . The FSEP didn't include standard resident evacuation procedures and failed to provide specific procedures for

resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents.

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

Comments: Licensed assisted living director (LALD)-C stated he was new to the position and had not conducted any staff training. The licensee lacked documentation showing any training was offered since December 2025 on the fire safety and evacuation plan.