Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 5, 2025

Licensee
Good Life Assisted Living & Me
5260 127th Street North
Hugo, MN 55038

RE: Project Number(s) SL33881016

Dear Licensee:

On April 14, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on January 17, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Benjamin J. Zwart, P.E., Supervisor
State Engineering Services Section
Health Regulation Division
Email: Benjamin.Zwart@state.mn.us
Telephone: 651-201-3715 Fax: 1-866-890-9290

JMD

Electronically Delivered

February 25, 2025

Licensee
Good Life Assisted Living & Me
5260 127th Street North
Hugo, MN 55038

RE: Project Number(s) SL33881016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 17, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

The correction order documentation should include the following:

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

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Renee L. Anderson

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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33881	A. BUILDING: _____ B. WING _____	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE ASSISTED LIVING & ME	5260 127TH STREET NORTH HUGO, MN 55038

(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: SL#33881016-0 On January 13, 2025, through January 17, 2025, 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 23 residents receiving services under the provider's Assisted Living with Dementia Care 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.	
0 480 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	0 480		

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

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0 480	Continued From page 2 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated January 14, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 680 SS=E	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	Continued From page 3 (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the minimum inspection frequency for the emergency power generator as part of the emergency plan to ensure proper performance of the generator. 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 pattern scope (when more than a limited number	0 680		

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0 680	Continued From page 4 of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On January 16, 2025, at 10:45 a.m., the surveyor toured the facility with director of maintenance (DM)-D. During the facility tour, an emergency power generator was observed. During the facility tour interview, DM-D verified the emergency power generator was part of the emergency plan. During an interview on January 16, 2025, at 12:30 p.m., licensed assisted living director (LALD)-A and DM-D explained the licensee was not aware weekly generator inspections were required and verified these inspections had not been completed. LALD-A stated weekly generator inspections would be completed moving forward. The licensee failed to provide the minimum frequency of inspections to meet the requirements for the emergency power generator as outlined under NFPA 110, (referenced under the Code of Federal Regulations, title 42, section 483.73) as part of the facility's emergency plan required under Minnesota Rules, Part 4659.0100, to ensure proper performance of the generator. TIME PERIOD FOR CORRECTION: Seven (7) days	0 680		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for	0 780		

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0 780	Continued From page 5 sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to comply with the requirements of Minnesota State Fire Code Rules, Chapter 7511. This had the potential to directly 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) 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:	0 780		

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0 780	Continued From page 6 On January 16, 2025, at 10:45 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-A and director of maintenance (DM)-D. During the facility tour, the surveyor observed the following: 1. An illuminated exit sign was installed in the dining room directing the building occupants to an emergency exit door leading out to an exterior patio. The patio was enclosed by a fence. A fence gate designed to provide a means of egress was not installed. An exterior exit path from the patio to the public right of way was not maintained free of snow. All paths of egress must provide unobstructed exiting and access for emergency responders in the event of an emergency. A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow. 2. On January 16, 2025, LALD-A provided a copy of the Fire Safety and Evacuation Plan (FSEP). Record review indicated the FSEP did not include procedures to operate and unlock the magnetically locked door system in the event of a fire or similar emergency. During an interview on January 16, 2025, at 1:40 p.m., LALD-A verified this information was not included in the FSEP. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
0 810 SS=E	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:	0 810		

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0 810	Continued From page 7 (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: Based on record review and interview, the licensee failed to meet the evacuation drill frequency requirements. This had the potential to directly affect a limited number of residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 810		

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0 810	Continued From page 8 safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On January 16, 2025, licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and employee evacuation drills for the facility. DRILLS Record review indicated the licensee failed to conduct evacuation drills for employees at a frequency of at least one evacuation drill every other month evident by a review of completed fire drill records. In 2024, evacuation fire drills were completed in February, March, May, August, October, and November. No evacuation drill records were provided for June or July. During an interview on January 16, 2025, at 1:40 p.m., LALD-A verified drill records were not available for June or July 2024. LALD-A stated they started working at this facility five months ago and the drill frequency was managed by another employee. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01360 SS=F	144G.61 Subdivision 1 Instructor and competency evaluation requirem Instructors and competency evaluators must	01360		

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01360	Continued From page 9 meet the following requirements: (1) training and competency evaluations of unlicensed personnel who only provide assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), must be conducted by individuals with work experience and training in providing these services; and (2) training and competency evaluations of unlicensed personnel providing assisted living services must be conducted by a registered nurse, or another instructor may provide training in conjunction with the registered nurse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) provided training and competency evaluations of unlicensed personnel (ULP) providing assisted living services for one of one employee (ULP-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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-C was hired March 26, 2024, to provide direct care services to the licensee's assisted living residents. On January 14, 2025, at 2 p.m., the surveyor observed ULP-C administer oral medication to a resident.	01360		

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01360	Continued From page 10 ULP-C's Skill Competency record, dated April 15, 2024, indicated licensed practical nurse (LPN)-E signed off ULP-C's competencies on the following topics: - Infection control; - Client Mobility - Range of motion; - Client Mobility - Positioning; - Client Mobility - Lifting and Safe Transfers; - Client Mobility - Exercise and Ambulation; - Medication Administration - Routes; - Personal Protective Equipment (PPE); - Medication & Treatment - Wound Care; - Medication & Treatment - Ace Wrap; - Personal Cares; and - Vital signs ULP-C's record lacked documentation ULP-C was evaluated by a RN ensuring competency to perform delegated tasks. ULP-C's training record contained a completed Notes on Supervision of Unlicensed Personnel form, dated April 24, 2024, signed by RN-B. On January 14, 2025, at 2:30 p.m., RN-B stated that she worked with LPN-E training new ULPs, and ULP-C's Notes on Supervision of Unlicensed Personnel was the 30-day supervision of delegated tasks. RN-B further stated that this form was the only documentation of RN-B's participation in training and competency evaluation of ULP-C. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01360		

Environmental Health
Food, Pools, and Lodging
625 Robert St. N
St. Paul
651-201-5000

Type: Full
Date: *01/14/25*
Time: 09:30:00
Report: 1031251012

Food and Beverage Establishment Inspection Report

Location:
Good Life Assisted Living & Me
5260 127th Street North
Hugo, MN55038
Washington County, 82

Establishment Info:
ID #: 0039348
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6514261335
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ***** Priority 1 *****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

MILK IN ICE BATH (EXPO AREA) MEASURED 45F.

ICE WAS DEPLETED. HAS STAFF ADD ICE TO BATH.

MONITOR TEMPS AND REFILL ICE THROUGHOUT BREAKFAST. KEEP LESS MILK OUT.

MAY ALSO USE TIME AS A CONTROL (TPHC) AND DISCARD AFTER BREAKFAST.

Comply By: 01/15/25

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.14B

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

SANITIZER BUCKET MEASURED 100PPM.

HAD STAFF DUMP AND REFILL BUCKET.

USE TEST STRIPS TO CHECK CONCENTRATIONS OR DUMP AND REFILL ON SHORTER SCHEDULE.

CORRECTED ON SITE.

Comply By: 01/17/25

Type: Full
Date: *01/14/25*
Time: 09:30:00
Report: 1031251012
Good Life Assisted Living & Me

Food and Beverage Establishment Inspection Report

4-600 Cleaning Equipment and Utensils

4-602.13

MN Rule 4626.0855 Clean all non-food-contact surfaces of equipment at a frequency necessary to preclude accumulation of soil residues.

HOOD FILTERS HAVE DEPOSITS OF DUST.

CLEAN FILTERS ONCE DUST BEGINS TO ACCUMULATE.

Comply By: 02/05/25

Surface and Equipment Sanitizers

Quaternary Ammonia: = 100 at Degrees Fahrenheit
Location: Sani Bucket 2
Violation Issued: Yes

Quaternary Ammonia: = 100 at Degrees Fahrenheit
Location: Sani Bucket 1
Violation Issued: Yes

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: Sanitizer DIspenser
Violation Issued: No

Hot Water: = at 161 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: Sani Bucket 2 (correction)
Violation Issued: No

Quaternary Ammonia: = 200 at Degrees Fahrenheit
Location: Sani Bucket 1 (correction)
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/Deli Meat
Temperature: 41 Degrees Fahrenheit - Location: Prep Table
Violation Issued: No

Process/Item: Hot Hold/Eggs
Temperature: 135 Degrees Fahrenheit - Location: FWE Warmer
Violation Issued: No

Process/Item: Cold Hold/Lettuce
Temperature: 38 Degrees Fahrenheit - Location: Walk-in Cooler
Violation Issued: No

Process/Item: Cold Hold/Milk
Temperature: 45 Degrees Fahrenheit - Location: Ice Bath (expo area)
Violation Issued: Yes

Type: Full
Date: *01/14/25*
Time: 09:30:00
Report: 1031251012
Good Life Assisted Living & Me

Food and Beverage Establishment Inspection Report

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	1	0	2

Nurse Evaluator on site: Robyn Woolley

All violations discussed with PIC during the inspection.

Establishment has full commercial kitchen with expo in dining area.

Kitchen stocks pasteurized eggs for preparation under 145F.

Discussed:
- Cold Holding
- Hot holding
- Cleaning of shelving
- Holding milk for breakfast (less amount then discard after breakfast)

ILLNESS COMPLAINT PROCEDURE:
If any customer complains of illness take these steps:
1. Gather as much information from the customer as possible, such as: name, phone#, date of illness, food consumed.
2. Give customer the illness hotline phone number: 1-877-366-3455.
3. Contact your health inspector: Give inspector information gathered from customer and any other useful information.

Contact inspector prior to any major equipment or building changes; some changes may require plan review to be completed.

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Environmental Health inspection report number 1031251012 of 01/14/25.

Certified Food Protection Manager: Abdel A. Muhammad

Certification Number: FM99668 Expires: 12/30/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Michael White
Executive Director

Signed: _____
Chris Foster
Public Health Sanitarian III
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us