Electronically Delivered

July 8, 2026

Licensee
Noble Residence Inc
2000 Whitewater Trail
Brooklyn Park, MN 55444

RE: Project Number(s) SL42392015

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 May 12, 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.

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

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. 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 . . ."

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

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

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,

Renee L. Anderson

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

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42392	A. BUILDING: ______ B. WING ______	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE RESIDENCE INC	2000 WHITEWATER TRL BROOKLYN PARK, MN 55444

(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 In accordance with Minnesota Statutes, section 144G.08 to 144G.95 these correction orders have been issued pursuant to a survey. Determination of whether a violation has been 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: SL42392015-0 On May 11, 2026, through May 12, 2026, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction order is issued. At the time of the survey, there were two residents; both were receiving services under the provider's Provisional Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 630 SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma	0 630		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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0 630	Continued From page 1	0 630		

Continued From page 1

(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.

This MN Requirement is not met as evidenced by:
Based on interview and record review the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content 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 April 23, 2026, and began receiving assisted living services.

R2's Service Plan (Waiver)- Addendum to Contract dated April 25, 2026, indicated R2 received services which included assistance with medication setup, reminders, and administration,

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0 630	Continued From page 2 dressing, grooming, laundry, housekeeping, behavior and symptom management, arranging transportation, and arranging appointments. R2's Comprehensive Assessment dated May 8, 2026, included a section titled Vulnerability. The section indicated R2 was at risk to be abused with the specific measures to be taken to minimize the risk of abuse; however, lacked any indication of R2's risk to abuse other vulnerable adults or minors. On May 12, 2026, at 12:24 p.m., clinical nurse supervisor (CNS)-B stated R2's medical record lacked any indication of R2's risk to abuse other vulnerable adults. CNS-B further stated she must have overlooked that portion of R2's assessment when completing the assessment in the electronic medical record. The licensee's undated Abuse Prevention Plan indicated all residents admitted to the facility would be assessed for their susceptibility to abuse by other individuals, including other vulnerable adults and their risk of abusing other vulnerable adults. Furthermore, the facility would develop a statement of the specific measures that would be taken to minimize the risk of abuse to that person and other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following	0 680		

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0 680	Continued From page 3 requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written emergency preparedness (EP) plan with all the required content as defined in Appendix Z. 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) 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	0 680		

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0 680	Continued From page 4 the residents). The findings include: The licensee's emergency disaster preparedness plan, last reviewed October 1, 2025, lacked evidence of the following required content: - quarterly review of missing resident policy; - communication plan containing all required elements; - process for emergency plan collaboration; - names and contact information; - emergency officials contact information; - sharing information on occupancy and needs; - emergency prep training program which includes documentation of all EP training. On May 11, 2026, at 1:38 p.m., assisted living director-in-residency (ALDIR)-A stated that the EP plan was provided by a third-party consultant and, he was not aware of all the requirements for the Appendix Z emergency preparedness plan. The licensee's Emergency Preparedness policy dated September 10, 2025, indicated the licensee would have a plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupted services. The policy referenced CMS State Operations Manual Appendix Z and MN Rules 4659.0100. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 775 SS=C	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	Continued From page 5 Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: 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 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May 12, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 810 SS=C	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	0 810		

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0 810	Continued From page 6 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 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 one violation (a violation that will cause only minimal impact on	0 810		

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0 810	Continued From page 7 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May 12, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a	0 970		

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0 970	Continued From page 8 violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted to the licensee on January 24, 2026, and began receiving assisted living services. R1's record included an "Addendum to Contract-Waiver-MN" Service Plan effective January 27, 2026. The service plan indicated R1 received services including assistance with dressing, grooming, bathing, housekeeping laundry, ambulation, arranging appointments and transportation, behavior management, blood glucose recording, and medication management including medication reminders and administration. R2 R2 was admitted to the licensee on April 23, 2026, and began receiving assisted living services. R2's record included an "Addendum to Contract-Waiver-MN" Service Plan effective April 25, 2026. The service plan indicated R2 received services including assistance with dressing, grooming, bathing, toileting, housekeeping laundry, behavior management, orientation support, ambulation supervision, vital sign recording, and medication management including medication reminders and	0 970		

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0 970	Continued From page 9	0 970		

administration.

R1's and R2's records contained an Assisted Living contract dated January 24, 2026, and April 23, 2026, respectively. The assisted living contracts included the following sections, waving the licensee's liability for the health and safety or personal property of the residents:
"Indemnification
[Licensee] shall not be liable for any damage or injury to the resident, or any other person, or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold [licensee] harmless from any claims or damages unless caused solely by negligence of [licensee]."

"Miscellaneous Provisions
1. Insurance Liability and Release. The resident shall maintain at all times his or her own health, personal property, liability, automobile (if applicable), and other insurance coverages, and shall provide evidence of same by copies of binders or policies provided to [licensee] upon request. The resident acknowledges that [licensee] is not an insurer of the resident's person or property. Furthermore, the resident acknowledges that [licensee] would not be liable to the resident for any personal injury or property damage (including, without limitation, damage to, or loss of theft of, automobiles or personal property of the resident) suffered by the resident or the resident's agents, guests, or invitees, unless and to the extent that the injury or damage was caused by negligence of [licensee] its employees or agents. The resident hereby releases [licensee] from liability for any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless caused by the negligence of [licensee] or

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0 970	Continued From page 10 its employees or agents." On May 12, 2026, at 10:25 a.m., clinical nurse supervisor (CNS)-B stated the licensee's assisted living contract included the above content, and stated the same contract was utilized for all residents at the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
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.	01440		

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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 two of two employees (assisted living director-in-residency (ALDIR)-A, unlicensed personnel (ULP)-D).

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:

ALDIR-A, an unlicensed caregiver, was hired on December 24, 2025, and began providing assisted living services.

ULP-D was hired on December 24, 2025, and began providing assisted living services.

On May 11, 2026, at 1:12 p.m., the surveyor observed ALDIR-A assist R2 with medication administration.

On May 12, 2026, at 8:15 a.m., the surveyor observed ULP-D assist R1 with medication administration.

R1 and R2's medication administration record dated May 2026, indicated ALDIR-A and ULP-D

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assisted both R1 and R2 with medication administration May 1, 2026, through May 12, 2026.

ALDIR-A and ULP-D's employee records lacked evidence of 30-day supervision for the delegated medication administration.

On May 12, 2026, at 1:35 p.m., clinical nurse supervisor (CNS)-B stated ALDIR-A and ULP-D's employee records lacked documentation of 30-day supervision of medication administration. CNS-B further stated she was aware of the requirement, and supervised ALDIR-A and ULP-D during medication administration for R1 and R2, but forgot to document the 30-day supervision.

The licensee's undated Supervision of Unlicensed Personnel policy indicated supervision of ULP performing medication or treatment administration would be provided by the registered nurse (RN) and include observation of the staff administering the medication or treatment and interacting with the resident. In addition, direct supervision of ULP's who performed delegated tasks would be provided within 30 days after the individual begins working for the assisted living provider and thereafter as needed based on performance.

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-one (21) days

01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring	01610		

(a) Residents who are not receiving any assisted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42392	A. BUILDING: ______ B. WING ______	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE RESIDENCE INC	**2000 WHITEWATER TRL BROOKLYN PARK, MN 55444**

(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
01610	Continued From page 13 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 interview, and record review, the licensee failed to ensure the registered nurse (RN) completed an initial assessment of the physical and cognitive needs of the resident prior to the date on which a prospective resident executed a contract with a facility or on the day the resident moved in for one of two residents (R2) receiving services. 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:	01610		

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01610	Continued From page 14	01610		

R2 was admitted to licensee's assisted living facility on April 23, 2026, and began receiving assisted living services.

R2 had diagnoses including acute respiratory failure likely multifactorial with chronic obstructive pulmonary disease (COPD-difficulty breathing), wheezing, adjustment disorder, bipolar disorder, attention deficit disorder, anemia, and antisocial behavior.

R2's Assisted Living Contract was executed and signed by R2 on April 23, 2026.

Licensee's Current Client Roster dated January 1, 2026, indicated R2 started services on April 23, 2026.

R2's Service Plan dated April 25, 2026, indicated R2 received services which included assistance with medication setup, reminders, and administration, dressing, grooming, laundry, housekeeping, behavior and symptom management, arranging transportation, and arranging appointments. The service plan was developed two days after R2's admission date.

R2's record included an admission assessment completed on April 24, 2026, one day after R2's admission date.

On May 12, 2026, 11:55 a.m., clinical nurse supervisor (CNS)-B stated R2's nursing assessment had not been completed timely. CNS-B further stated she was not sure what happened, and she must have overlooked assessment due dates. CNS-B further stated she would complete the assessment in a timely manner moving forward.

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01610	Continued From page 15 The licensee's undated Nursing Assessment and Reassessment of Residents policy indicated, "The facility will conduct a nursing assessment prior to the date on which a resident executes a contract with a facility or the day the resident moves in, whichever is earlier. The assessment will be done by a registered nurse and will assess the physical and cognitive needs of the prospective resident and propose a temporary service plan." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01610		
01620 SS=D	144G.70 Subd. 2 (c-e) 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. (c) Resident reassessment and monitoring must	01620		

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01620	Continued From page 16 be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed reassessment and monitoring, no more than 14 calendar days from the start of services for one of two residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01620		

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01620	Continued From page 17 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: R1 was admitted to licensee's assisted living facility on January 24, 2026, and began receiving assisted living services. R1 had diagnoses to include, but not limited to type 2 diabetes mellitus, morbid obesity, essential hypertension, and depression. R1's Service Plan (Waiver)- Addendum to Contract dated January 27, 2026, indicated R1 received services which included assistance with medication setup, reminders, and administration, dressing, grooming, ambulation, wheelchair, laundry, housekeeping, recording blood glucose, behavior management, arranging transportation, and arranging appointments. R1's medication administration record (MAR) indicated unlicensed personnel (ULP)-D assisted R1 with medication administration beginning on January 25, 2026. R1s record included a a 14-day reassessment completed on February 17, 2026, greater than 14 days (24 days) after R1 started receiving services. On May 12, 2026, 11:55 a.m., clinical nurse supervisor (CNS)-B stated R1's nursing assessment had not been completed timely.	01620		

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01620	Continued From page 18 CNS-B further stated she was not sure what happened, however, she must have overlooked assessment due dates. Moreover, CNS-B stated she would complete the assessment in a timely manner moving forward. The licensee's undated Nursing Assessment and Reassessment of Residents policy indicated the facility would conduct a nursing assessment prior to the date on which a resident executes a contract with a facility or the day the resident moves in, whichever is earlier. Furthermore, resident reassessment and monitoring would be conducted no more than 14 calendar days after initiating services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.	01760		

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01760	Continued From page 19 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure each medication administered by staff were documented in the resident record 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 had diagnoses to include but not limited to acute respiratory failure likely multifactorial with chronic obstructive pulmonary disease (COPD-difficulty breathing) wheezing, adjustment disorder, bipolar disorder, attention deficit disorder, anemia, and antisocial behavior. R2's Service Plan (Waiver)- Addendum to Contract dated April 25, 2026, indicated R2 received services which included assistance with medication setup, reminders, and administration, dressing, grooming, laundry, housekeeping, behavior and symptom management, arranging transportation, and arranging appointments. R2's medication orders signed on April 23, 2026, indicated R2 was prescribed Ipratropium-Albuterol solution (used for wheezing) 0.5-2.5 milligram (mg) per milliliter (ml), and to inhale 3 ml every four (4) hours as	01760		

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01760	Continued From page 20	01760		

needed (PRN) for wheezing via nebulizer.

On May 11, 2026, at 1:12 p.m., the surveyor observed unlicensed personnel (ULP)-D assist R2 with administration of the medication using a nebulizer. ULP-D set up the Ipratropium-Albuterol solution 3 ml via nebulizer, and handed the mouthpiece to R2 for self-administration. The surveyor observed R2 cleaning the nebulizer equipment after the medication administration was completed.

R2's medication administration record (MAR) dated May 2026, lacked evidence the medication was administered, to include:
-the signature and title of the person who administered the medication,
-the medication name,
-dosage,
-date and time administered, and
-method and route of administration. dose of medication that was administered, and time the medication was administered.
The record further lacked documentation of the effectiveness of the PRN medication in relieving the symptoms, and any needed follow-up.

On May 12, 2026, at 12:18 p.m., clinical nurse supervisor (CNS)-B stated Ipratropium-Albuterol solution was present in the MAR in R2's Residex (electronic medical record); therefore, ULP-D was able to see the medication that was administered. CNS-B further stated ULP-D was not able to chart on the medication administration of Ipratropium-Albuterol solution because the medication had not been activated on the MAR by the registered nurse (RN). Moreover, CNS-B stated she had just activated the Ipratropium-Albuterol solution, so moving forward, the medication would show up on the MAR.

Minnesota Department of Health

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01760	Continued From page 21 The licensee's undated Documentation of Medication Administration policy indicated that each medication administered by the assisted living facility staff would be documented in the resident's record. Furthermore, the documentation would include the signature and title of the person who administered the medication. In addition, documentation would include the medication name, dosage, date, and time administered, and method and route of administration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info	License Info	Inspection Info
Noble Residence Inc 2000 WHITEWATER TRL Brooklyn Park, MN 55444 Hennepin County Parcel: Phone:	License: HFID 42392 Risk: License: Expires on: CFPM: Abdilatif Yassin Mohamed CFPM #: 61402; Exp: 9/3/2028	Report Number: F1051261124 Inspection Type: Full - Single Date: 5/11/2026 Time: 11:30:00 AM Duration: 30 minutes Announced Inspection: No Total Priority 1 Orders: 0 Total Priority 2 Orders: 0 Total Priority 3 Orders: 0 Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

MET WITH THE NURSE EVALUATOR, RHONDA MAKELA.

DISCUSSED THE FOLLOWING WITH THE FOOD SERVICE MANAGER, ABDILATIF:

EMPLOYEE ILLNESS LOG
VOMIT CLEAN-UP PROCEDURES
HANDWASHING & GLOVE USE/DISPOSAL
NOROVIRUS

IN THE KITCHEN, THERE ARE LAMINATE COUNTERTOPS WITH HOLLOW BASES, SMOOTH TEXTURE CEILING, MDF WOODEN CABINETS, AND A HIGH TEMPERATURE DISHWASHER.

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 St Cloud District Office inspection report number F1051261124 from 5/11/2026

Kai Yang

Abdilatif Mohamed
Food Service Manager

Kai Yang,
Public Health Sanitarian 1
320-640-3532
kai.yang@state.mn.us

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Temperature Observations/Recordings

Establishment Info	Inspection Info
Noble Residence Inc	Report Number: F1051261124
Brooklyn Park	Inspection Type: Full
County/Group: Hennepin County	Date: 5/11/2026
	Time: 11:30:00 AM

Food Temperature: **Product/Item/Unit:** MILK; **Temperature Process:** Cold-Holding
Location: Upright Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL42392015-0	**Date:** 5/12/2026
Facility Name: NOBLE RESIDENCE INC	
Facility Address: 2000 WHITEWATER TRL BROOKLYN PARK, MN 55444	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 1; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. Clothes dryers and their exhaust systems shall be cleaned as necessary to keep lint traps, exhaust ducts, and mechanical and heating components free from excessive lint accumulation. [Minn. Stat. 144G.45 subd. 2; MSFC 304.4]

   Comments: The clothes dryer duct was coiled on the floor before discharging to the exterior. This had the potential to accumulate lint in the duct. Creating a potential fire hazard.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 1; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. 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: The facility had a resident January 2026, through March 2026. The staff received training upon hire and one additional training but have not received a second required training within the year.

2. 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: The facility had a resident January 2026, through March 2026. No documentation for fire drills was provided.