DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

May 29, 2026

Licensee
New Care LLC
3710 Pierce Street Northeast
Columbia Heights, MN 55421

RE: Denial of License Number 418425
Health Facility Identification Number (HFID) 41202
Initial survey; Project Number(s) SL41202015

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on April 1, 2026 for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above-mentioned provider. Based on the survey(s), MDH found you not in substantial compliance with the laws pursuant to Minnesota Statute, Chapter 144G. As a result, your authority to continue to operate under a provisional license or be approved for an assisted living facility license is being denied.

INELIGIBILE LICENSURE TIMELINE

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

STATE CORRECTION ORDERS

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

REQUEST FOR RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.16, Subd. 4, you may request a reconsideration by the Minnesota Department of Health. The request for reconsideration process must be conducted internally by the Minnesota Department of Health and Chapter 14 does not apply. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:

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

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

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF RESIDENTS

You must comply with the requirements for notification and coordinated move of residents noted in Minn. Stat. § 144G.52 and Minn. Stat. § 144G55. Additionally, please provide the information described in Minn. Stat. § 144G.20, Subd. 15 (a) (1), (2), (3), (4) and (5) to this department's contact, Kelly Thorson, via email at: Kelly.Thorson@state.mn.us. Also provide this information to the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care no later than **06/01/2026**.

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

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

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

If you have any additional questions, please do not hesitate to contact Kelly Thorson, Supervisor, at Kelly.Thorson@state.mn.us. Kelly Thorson can also be reached by office phone at 320-223-7336.

Sincerely,

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41202	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW CARE LLC	3710 PIERCE STREET NORTHEAST COLUMBIA HEIGHTS, MN 55421

(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: SL41202015-0 On March 30, 2026, through April 1, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there was 1 resident; 1 receiving services under the 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.	
0 180 SS=F	144G.16 Subd. 2 Initial survey (a) During the provisional license period, the	0 180		

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0 180	Continued From page 1 commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident. (b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner. (c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply. (d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within two days of starting services. This had the potential to affect all residents residing at the assisted living facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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	0 180		

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0 180	Continued From page 2 portion or all of the residents). The findings include: The licensee was issued their provisional assisted living license on November 13, 2024. R1 was admitted and assisted living services were first provided on October 2, 2025. The licensee provided notification of providing services to MDH on October 6, 2025. The licensee failed to provide notice to MDH within two (2) days when licensee first started providing assisted living services. On April 1, 2026, at 4:34 p.m., owner (O)-E stated O-E had discussed the requirement of notification of initiation of services with licensed assisted living director (LALD)-F and had the understanding it was required to be provided within seven days of services being provided. O-E further stated the requirement was misunderstood. No further information provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 180		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable	0 470		

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0 470	Continued From page 3 unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the clinical nurse supervisor (CNS) developed and implemented a staffing plan to determine staffing levels to meet the needs of all residents, which included reviewing the staffing plan at least twice per year. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that	0 470		

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0 470	Continued From page 4 has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living facility license and was licensed for a capacity of five residents, with a current census of one resident. During the entrance conference on March 30, 2026, at 10:46 a.m., assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A stated the licensee was familiar with current minimum assisted living requirements. On March 30, 2026, at 11:19 a.m., CNS-B stated the licensee had not yet developed a staffing plan due to only having one resident, however, the licensee will be working on developing one. On March 30, 2026, at 11:23 a.m., CNS-B stated the licensee scheduled the following unlicensed personnel (ULPs) for each shift: - day shift 8:00 a.m. through 4:00 p.m., one ULP was scheduled; - evening shift 4:00 p.m. through 12:00 a.m., one ULP was scheduled; and - night shift 12:00 a.m. through 8:00 a.m., one ULP was scheduled. The licensee's Staffing policy dated October 15, 2025, indicated the CNS prepared and implemented a 24-hour daily staffing plan that ensured adequate staffing was scheduled to meet resident's needs at all times, including reasonably foreseeable needs. The policy further indicated the staffing plan was evaluated as part of the Quality Management program at least twice per year with results documented in meeting minutes.	0 470		

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0 470	Continued From page 5 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 470		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (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	0 480		

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0 480	Continued From page 6 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:	0 480		

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0 480	Continued From page 7 Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated March 30, 2026, 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		
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living	0 485		

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0 485	Continued From page 8 contract. This had the potential to affect all residents. 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 30, 2026, at 10:46 a.m., assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A stated the licensee was familiar with current minimum assisted living requirements. On March 30, 2026, at 10:55 a.m., ALDIR/ULP-A stated [licensee] contracted with a third party to cater prepared meals for residents who resided at the facility. On page three of the undated (licensee name) Assisted Living Contract, section labeled Primary Services read, "Subject to the Resident's needs, [licensee] will provide the following services which are included in the basic monthly fee: 1. Food Service: Three (3) meals/day are served in the dining area as planned and prepared by [licensee] staff at the following times: 8:00 AM (sic) Breakfast; 12:00 PM Lunch (sic); and 6:00 PM Dinner (sic)." Resident assisted living contracts lacked an option for residents to opt out of payment for one, two, or three meals residents would not want. On March 31, 2026, at 12:23 p.m., owner (O)-E	0 485		

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0 485	Continued From page 9 stated the cost of meals was included in the residents' monthly rate. O-E further stated O-E was not aware there needed to be an option for residents to opt out of one, two, or three meals and that O-E had purchased the contract template from a third-party and was not aware it was not in compliance with statute requirements. The Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQs) website, last updated October 13, 2025, indicated the provider cannot have a blanket "one size fits all" meal charge. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.	0 550		

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0 550	Continued From page 10 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post the required information related to the grievance procedure to include the contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities and contact information for the Minnesota Adult Abuse Reporting Center. This had the potential to affect all current 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: During the entrance conference on March 30, 2026, at 10:46 a.m., assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A stated the licensee was familiar with current minimum assisted living requirements. On March 30, 2026, at 11:55 a.m., during a tour of the facility with ALDIR/ULP-A, the surveyor did not observe a posting of the licensee's grievance policy or procedure. On March 30, 2026, at 12:07 p.m., ALDIR/ULP-A acknowledged the grievance policy was not posted in a conspicuous place in the facility. ALDIR/ULP-A stated ALDIR/ULP-A was not aware of the requirement to post the grievance policy and would get that corrected.	0 550		

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0 550	Continued From page 11 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 550		
0 580 SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and maintain a quality management program appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic	0 580		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 580	Continued From page 12 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 30, 2026, at 11:34 a.m., clinical nurse supervisor (CNS)- B stated the licensee has not developed a quality management program or health quality management meetings yet. The licensee's Quality Improvement policy dated October 15, 2025, indicated [licensee] had established a quality improvement program based on the organizations size and appropriate to the type of services provided in order to assure that effective, comprehensive and appropriate plans are operational for all residents. The policy further indicated documentation of the quality improvement program was maintained for at least two years and would be provided to the commissioner at the time of survey. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 580		
0 650 SS=F	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;	0 650		

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	41202	A. BUILDING: _____ B. WING _____	04/01/2026

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0 650	Continued From page 13 (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records contained the required content for three of three employees (assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A, ULP-C and 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 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: During the entrance conference on March 30, 2026, at 11:15 a.m., assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A	0 650		

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0 650	Continued From page 14 stated the licensee was aware of the required contents of the employee record. ALDIR/ULP-A ALDIR/ULP-A was hired on September 9, 2025, to provide direct care services to residents at the assisted living facility. On March 31, 2026, at 7:56 a.m., the surveyor observed ALDIR/ULP-A provide supplies and equipment for blood glucose testing and supervised R1 complete the blood glucose testing procedure. ALDIR/ULP-A's employee record lacked a job description. ALDIR/ULP-A's employee record also lacked the following competency evaluations: - blood glucose testing; - monitoring vital signs; and - preparing medication for administration during an unplanned time away. On March 31, 2026, at 9:57 a.m., ALDIR/ULP-A stated ALDIR/ULP-A was trained and demonstrated competency to clinical nurse supervisor (CNS)-B for blood glucose testing and preparing medication for administration during an unplanned leave of absence however it was not documented. ULP-C ULP-C was hired on September 9, 2025, to provide direct care services to residents at the assisted living facility. ULP-C's employee record lacked a job description. ULP-C's employee record also lacked the following competency evaluations: -blood glucose testing; - monitoring vital signs; and	0 650		

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0 650	Continued From page 15 - preparing medication for administration during an unplanned time away. ULP-D ULP-D was hired on September 9, 2025, to provide direct care services to residents at the assisted living facility. ULP-D's employee record lacked a job description. ULP-D's employee record also lacked the following competency evaluations: -blood glucose testing; - monitoring vital signs; and - preparing medication for administration during an unplanned time away. On March 31, 2026, at 2:39 p.m., ULP-D stated via telephone ULP-D was trained by CNS-B and demonstrated competency back to CNS-B for medication administration and blood glucose testing. ULP-D was unable to recall training or competency completion for preparing medication for administration during an unplanned leave of absence however, acknowledged ULP-D would contact CNS-B for guidance if the situation arose. On March 31, 2026, at 2:13 p.m., ALDIR/ULP-A stated job descriptions had been created for each role at the facility however, ALDIR/ULP-A had not provided and reviewed the associated job description or placed a copy in each employee's employee record. On March 31, 2026, at 2:16 p.m., CNS-B stated CNS-B and licensed assisted living director/registered nurse (LALD/RN)-F completed competency testing for blood glucose testing, vital signs, and medication administration for unplanned leave of absence with each employee however, the documentation was missed in error.	0 650		

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0 650	Continued From page 16 The licensee's Personnel Records policy dated October 15, 2025, indicated personnel files for each employee contained documentation of the following: - orientation; - competency evaluations; and - signed job description. Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0190, Subp. 6, effective October 2022, the licensee must maintain a record of staff training and competency required under this part and Minnesota Statutes, chapter 144G, that documents the following information for each competency evaluation, training, retraining, and orientation topic: (1) facility name, location, and license number; (2) name of the training topic or training program, and the training methodology, such as classroom style, web-based training, video, or one-to-one training; (3) date of the training and competency evaluation, and the total amount of time of the training and competency evaluation; (4) name and title of the instructor and the instructor's signature, and the name and title of the competency evaluator, if different from the instructor, and the evaluator's signature with a statement attesting that the employee successfully completed the training and competency evaluation; and (5) name and title of the staff person completing the training, and the staff person's signature with statement attesting that the staff person successfully completed the training as described in the training documentation. No further information was provided.	0 650		

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0 650	Continued From page 17 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH), which included completion of a facility TB risk assessment. In addition, the licensee failed to complete a TB symptom screening, two-step TST (tuberculin skin test), or other evidence of a TB screening such as a blood test for three of three employees (assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A, ULP-C, and ULP-D).	0 660		

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0 660	Continued From page 18 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 30, 2026, at 11:29 a.m., ALDIR/ULP-A stated the licensee was familiar with current minimum assisted living requirements. TB RISK ASSESSMENT On March 30, 2026, at 11:29 a.m., ALDIR/ULP-A stated ALDIR/ULP-A was uncertain what the TB Risk Assessment form looked like when asked to provide the licensee's current facility TB risk assessment. After being provided a blank copy of the Facility Tuberculosis (TB) Risk Assessment Instructions and Worksheet for Health Care Settings Licensed by MDH, ALDIR/ULP-A stated the form had not been completed by the licensee before and ALDIR/ULP-A was unaware of the requirement of the facility risk assessment and understood individual staff testing was sufficient for the TB prevention requirement. The MDH TB Screening and Education Requirements for Assisted Living Facilities and Home Care Providers dated February 3, 2022, indicated settings should perform a facility risk assessment on an annual basis. The Minnesota Department of Health Assisted	0 660		

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0 660	Continued From page 19 Living Resources and Frequently Asked Questions (FAQs) website last updated July 1, 2025, indicated each provider licensed by MDH is required to complete a TB risk assessment annually. TB SCREENING ALDIR/ULP-A ALDIR/ULP-A was hired on September 29, 2025, to provide direct care services and supervision to staff and residents at the assisted living facility. On March 30, 2026, at 2:38 p.m., the surveyor observed ALDIR/ULP-A administer scheduled medications to R1. ULP-C ULP-C was hired on September 29, 2025, to provide direct care services to residents at the assisted living facility. ULP-D ULP-D was hired on September 29, 2025, to provide direct care services to residents at the assisted living facility. ALDIR/ULP-A, ULP-C, and ULP-D's employee records lacked evidence of completion of the required TB symptom screening. On March 31, 2026, at 10:47 a.m., ALDIR/ULP-A stated ALDIR/ULP-A had completed a TB symptom screening at a local clinic. ALDIR/ULP-A further stated ALDIR/ULP-A was not aware a copy of the TB symptom screening form was required to be included in employee records, and the form would be missing for all employees.	0 660		

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0 660	Continued From page 20 TB TESTING ALDIR/ULP-A's employee record included evidence of ALDIR/ULP-A's TST which was administered on September 28, 2025, and read with a negative result on September 30, 2025. ALDIR/ULP-A's employee record lacked evidence of completion of a second step TST. On March 31, 2026, at 10:47 a.m., ALDIR/ULP-A stated ALDIR/ULP-A was not aware the TST required two steps. The licensee's Tuberculosis Screening/Prevention (sic) policy dated October 15, 2022, indicated [licensee] observed the recommended precautions related to TB prevention as identified by the CDC and MDH which included a TB risk assessment and TB screening. The MDH Assisted Living FAQs: Staff Requirements: TB screening dated April 30, 2026, indicated each provider licensed by MDH is required to complete a TB risk assessment annually. The MDH TB Screening and Education Requirements for Assisted Living Facilities and Home Care Providers dated February 3, 2022, indicated baseline TB screening is required at the time of hire for all health care personnel in Minnesota. Baseline TB screening includes assessing for current symptoms of active TB disease; assessing TB history; and testing for the presence of infection with Mycobacterium TB by administering either a two-step TB skin test or a single TB blood test. No further information was provided.	0 660		

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0 660	Continued From page 21 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and prominently post a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z.	0 680		

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0 680	Continued From page 22 This had the potential to affect all residents, staff, and visitors of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 30, 2026, at 10:46 a.m., assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A stated the licensee was familiar with current minimum assisted living requirements. The licensee's undated EPP lacked the following content and/or policies and procedures to address: - identified at-risk population needs; - policy that addressed the use of volunteers; - names and contact information for licensee staff, entities providing services under agreement, resident physicians, and other facilities; and - evidence of exercises conducted to test the EPP. On March 30, 2026, at 12:16 p.m., ALDIR/ULP-A stated the EPP was kept in a secure office on the lower level of the facility. ALDIR/ULP-A further stated the staff person on duty carried a key to access the office if needed. On March 30, 2026, at 1:44 p.m., ALDIR/ULP-A stated the above listed information was missing	0 680		

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0 680	Continued From page 23 from the licensee's EPP and needed to be added. ALDIR/ULP-A further stated ALDIR/ULP-A discussed disaster drills with clinical nurse supervisor (CNS)-B and licensed assisted living director/registered nurse (LALD/RN)-F however, the licensee had not conducted any disaster drills since opening. The licensee's Emergency Preparedness policy dated October 15, 2025, indicated [licensee] had an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services and a copy of the licensee's emergency disaster plan was prominently posted on each floor of the facility. The policy further indicated a disaster drill was conducted at the residence at least annually with results of the drill documented. Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0110, Subp. 4, effective October 2022, LALD and CNS must review the missing person plan at least quarterly and document any changes to the plan. Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0100, sections A and B, effective October 2022, assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. This part references documents, specifications, methods, and standards in "State Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types: Interpretive Guidance," which is incorporated by reference. No further information was provided.	0 680		

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0 680	Continued From page 24 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (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	0 730		

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0 730	Continued From page 25 professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident records included documentation of services provided for one of one residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 30, 2026, at 10:46 a.m., assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A stated the licensee was familiar with current minimum assisted living requirements. R1 admitted to the licensee and began receiving	0 730		

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0 730	Continued From page 26 assisted living services on October 2, 2025. R1's diagnoses included diabetes, hypertension (elevated blood pressure), and pancreatitis (inflammation of the pancreas). R1's Addendum to Contract- Waiver- MN (service plan) dated October 6, 2025, indicated R1's services included bathing assistance daily, bedmaking daily, housekeeping four times daily, blood glucose monitoring daily, bowel movement monitoring daily, behavior management three times daily, medication administration three times daily, pain monitoring three times daily, smoking monitoring three times daily, housekeeping four times daily, meal reminders four times daily, safety checks seven times daily, laundry weekly, linen change weekly, monitoring weight weekly, and monitoring vitals twice per week. On March 30, 2026, at 2:38 p.m., the surveyor observed ALDIR/ULP-A administer R1's scheduled afternoon medications. R1's Service Recap Summary-Month dated March 1 through March 31, 2026, indicated R1's record lacked documentation to show that R1 received the following: - bathing assistance daily on March 2-12 and 14-30, 2026; - bedmaking assistance daily on March 2-12, 14-30, 2026; - blood glucose monitoring daily on March 16 and 18, 2026; - bowel movement monitoring daily on March 4, 16, 18, 21, 23, 25, 27, 28, and 30, 2026; - AM (morning) behavior monitoring on March 1-31, 2026; - PM (evening) behavior monitoring on March 1-31, 2026;	0 730		

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	41202	A. BUILDING: _____ B. WING _____	04/01/2026

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0 730	Continued From page 27 - overnight behavior monitoring on March 5-8, 10, 11, 13, 14, 16-21, and 24-31, 2026; - AM record pain on March 1-31, 2026; - PM record pain on March 1-31, 2026; - overnight record pain on March 5-8, 10, 11, 13, 14, 16-21, and 24-31, 2026; - AM smoking monitoring on March 4, 16, 18, 21, 23, 25, 28, and 30, 2026; - 2:00 p.m., smoking monitoring on March 4, 6, 15-18, 21-23, 25, 27, 28, and 30, 2026; - 8:00 p.m., smoking monitoring on March 1, 6-8, 13-15, 20-22, 27-29, and 31, 2026; - AM housekeeping on March 2-12 and 14-30, 2026; - 9:00 a.m., housekeeping on March 4, 16, 18, 21, 23, 25, 27, 28, and 30, 2026; - PM housekeeping on March 1, 6-8, 13-15, 17, 18, 21, 22, 27-29, and 31, 2026; - overnight housekeeping on March 5-8, 10-14, 16-21, and 24-31, 2026; - 8:00 a.m., meal reminder on March 4, 16, 18, 21, 23, 25, 28, and 30, 2026; - 12:00 p.m., meal reminder on March 4, 13, 15-18, 21-23, 25, 27, 28, and 30, 2026; - 4:00 p.m., meal reminder on March 1, 6-8, 13-15, 20-22, 27-29, and 31, 2026; - 8:00 p.m., meal reminder on March 1, 6-8, 13-15, 20-22, 27-29, and 31, 2026; - safety checks seven times daily on March 1, 7, 8, 14, 15, 18, 20-22, 25, and 27-31, 2026; - weekly laundry on March 1, 8, 15, 22, and 29, 2026; - weekly linen change on March 8, 15, 22, and 29, 2026; and - vital signs (temperature, pulse, respirations, oxygen) on March 30, 2026. On March 31, 2026, at 4:31 p.m., ALDIR/ULP-A stated staff did not always chart services if a resident didn't require assistance or there was not	0 730		

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0 730	Continued From page 28 an instance of concern related to the service. ALDIR/ULP-A further stated ALDIR/ULP-A was not aware documentation was required for services daily. The licensee's Clinical Records policy dated October 15, 2025, indicated resident clinical records contained documentation of services provided as identified in the service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730		
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	0 810		

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0 810	Continued From page 29 proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 3/31/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7)	0 810		

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0 810	Continued From page 30 days.	0 810		
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of one residents (R1). This had the potential to affect the resident who received assisted living services. 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 30, 2026, at 10:46 a.m., assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A	0 910		

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0 910	Continued From page 31 stated the licensee was familiar with current minimum assisted living requirements. R1's Assisted Living Contract was signed on October 2, 2025. R1's assisted living contract lacked the licensee's healthcare facility identification number (HFID). On March 31, 2026, at 12:23 p.m., owner (O)-E stated O-E was not aware the HFID was missing from licensee's contract. O-E further stated the licensee had only ever used the same contract version as was used for R1 and the contract template was purchased from a consultant. O-E stated O-E was not aware it was not in compliance with statute requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 910		
0 930 SS=C	144G.50 Subd. 2 (d-e; 1-4) Contract information (d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is	0 930		

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0 930	Continued From page 32 required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to execute a written assisted living contract with all required content for one of one resident (R1). 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 30, 2026, at 10:46 a.m., assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A stated the licensee was familiar with current minimum assisted living requirements. R1 admitted to the licensee and began receiving assisted living services on October 2, 2025. R1's Addendum to Contract- Waiver- MN (service plan) dated October 6, 2025, indicated R1's services included medication administration three times daily, bathing, bedmaking, housekeeping, blood glucose monitoring, behavior management,	0 930		

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0 930	Continued From page 33 pain monitoring, smoking monitoring, housekeeping, meal reminders, safety checks, laundry, linen change, monitoring weight weekly, and monitoring vitals. On March 30, 2026, at 2:38 p.m., the surveyor observed ALDIR/ULP-A administer R1's scheduled afternoon medications. R1's [licensee] Assisted Living Contract was signed on October 2, 2025. R1 assisted living contract lacked information which addressed the resident's right to appeal termination of their assisted living contract and the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which a resident's consent is required for a transfer. On March 31, 2026, at 12:23 p.m., owner (O)-E stated O-E was not aware the contract missed addressing the resident's right to appeal termination and internal transfers. O-E further stated the licensee had only ever used the same contract version as was used for R1 and the contract template was purchased from a consultant. O-E stated O-E was not aware it was not in compliance with statute requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 930		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility	0 970		

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0 970	Continued From page 34 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 licensee's liability for health, safety, or personal property of a resident for one of one resident (R1). 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 30, 2026, at 10:46 a.m., assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A stated the licensee was familiar with current minimum assisted living requirements. R1 admitted to the licensee and began receiving assisted living services on October 2, 2025. R1's Addendum to Contract- Waiver- MN (service plan) dated October 6, 2025, indicated R1's services included medication administration three	0 970		

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0 970	Continued From page 35 times daily, bathing, bedmaking, housekeeping, blood glucose monitoring, behavior management, pain monitoring, smoking monitoring, housekeeping, meal reminders, safety checks, laundry, linen change, monitoring weight weekly, and monitoring vitals. On March 30, 2026, at 2:38 p.m., the surveyor observed ALDIR/ULP-A administer R1's scheduled afternoon medications. The licensee's Assisted Living Contract dated 2025, included the following clause that a resident would waive the facility's liability for health, safety, or personal property of the resident: - Page 11: "Insurance Liability and Release. The resident agrees that [licensee] will not be liable to the resident for any personal injury or property damage (including, without limitation, damage to, or loss or theft of, automobiles or personal property of resident) suffered by the resident or the resident's agents, guests or invitees, unless and to the extent that the injury or damage is caused by the negligence of [licensee] or its employees or agents." - Page 13: "Liability: The resident agrees to be liable and responsible for all obligations herein referenced, monetary and otherwise, of the resident and where this contract has been executed by a party designated below." On March 31, 2026, at 12:23 p.m., owner (O)-E stated O-E was not aware the licensee's contract could not include liability provisions. O-E further stated the licensee had only ever used the same contract version as was used for R1 and the contract template was purchased from a consultant. O-E stated O-E was not aware it was not in compliance with statute requirements.	0 970		

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0 970	Continued From page 36 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and	01060		

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01060	Continued From page 37 community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide written notice with required content to the resident, legal representative, and designated representative, and failed to provide the notification to the Office of Ombudsman for Long-Term Care (OOLTC) when the resident did not return from the emergency relocation within four days for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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: During the entrance conference on March 30, 2026, at 10:46 a.m., assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A stated the licensee was familiar with current minimum assisted living requirements.	01060		

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01060	Continued From page 38 R1 admitted to the licensee and began receiving assisted living services on October 2, 2025. R1's diagnoses included diabetes, hypertension (elevated blood pressure), and pancreatitis (inflammation of the pancreas). R1's Addendum to Contract- Waiver- MN (service plan) dated October 6, 2025, indicated R1's services included medication administration three times daily, bathing, bedmaking, housekeeping, blood glucose monitoring, behavior management, pain monitoring, smoking monitoring, housekeeping, meal reminders, safety checks, laundry, linen change, monitoring weight weekly, and monitoring vitals. On March 30, 2026, at 2:38 p.m., the surveyor observed ALDIR/ULP-A administer R1's scheduled afternoon medications. R1's Resident Notes- One Resident dated October 1, 2025, through March 31, 2026, included the following entries: - November 13, 2025, at 4:48 p.m., "At approximately 10:45 AM (sic), the resident informed staff that he was going to take a nap. The resident assistant reported completing hourly wellness checks. At 1:50 PM (sic), the resident assistant found the resident partially slid off the bed. The resident stated he was okay and denied injury. The assistant noted delayed responses during the interaction and contacted 911 due to concern for a possible change in condition. EMS (emergency medical services) arrived at approximately 2:00 PM (sic) and completed an on-site assessment. Paramedics reported the resident had low blood sugar, which they stated could contribute to his slowed responses. EMS	01060		

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01060	Continued From page 39 initiated IV treatment at the facility. Following assessment, EMS determined the resident required further evaluation and transported him to [hospital]. On November 14, 2025, at 11:14 a.m., clinical nurse supervisor (CNS)-B entered a progress note into R1's medical record indicating R1 discharged from the hospital. The progress note lacked indication of whether R1 was treated in the emergency department or admitted for inpatient treatment prior to discharge. - November 21, 2025, at 10:22 a.m., "At approximately 23:00 (sic) on 11/20/25, this nurse received a phone call from the on-duty resident assistant (RA), who reported an acute change in the resident's condition. The RA stated that during routine hourly safety checks, he observed the resident lying in bed with eyes rolled back and exhibiting jerking movements. The RA reported the resident was difficult to arouse and initially minimally responsive. Due to concerns for possible seizure activity or altered mental status, the RA appropriately activated emergency medical services. EMS arrived on site and assessed the resident. Upon EMS evaluation, the resident became alert and oriented, with vital signs stable. Fingerstick blood glucose reported at 130 mg (milligrams)/dl (deciliter). No further acute symptoms noted at that time. The resident was transported to the hospital for further medical evaluation per EMS decision. This nurse provided support to the RA, verified details of the incident, and instructed staff to complete an incident report and continue monitoring other residents as per facility protocol. On November 21, 2025, at 10:25 a.m., CNS-B entered a progress note into R1's medical record	01060		

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01060	Continued From page 40 indicating R1 received treatment for R1's symptoms in the emergency department prior to discharge on November 21, 2025. - March 18, 2026, at 8:21 p.m., "Writer responded to client residence after EMS arrival for reported change in condition. Upon assessment, client noted to have slurred speech and left-sided weakness (limp). Findings represent a change from baseline per staff report. Vital signs and blood glucose previously reported as within normal limits. Neurological assessment significant for unilateral weakness and dysarthria. Client initially refused transport to the hospital. Education provided regarding concern for possible serious neurological event and risks of refusing care, including potential for worsening condition. After discussion, client agreed to transport. EMS transported client to [hospital] for further evaluation." On March 19, 2026, at 12:37 p.m., CNS-B entered a progress note into R1's medical record indicating R1 discharged from the hospital. The progress note lacked indication of whether R1 was treated in the emergency department or admitted for inpatient treatment prior to discharge. R1's record lacked a written notice that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care (OOLTC) and the Office of Ombudsman for Mental Health and Developmental Disabilities (OOMHDD); - if known and applicable, the approximate date	01060		

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01060	Continued From page 41 or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. On March 30, 2026, at 12:23 p.m., CNS-B stated CNS-B documented details of each emergency relocation situation R1 experienced however, a relocation notice was never issued due to understanding the document was only for hospital admissions. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
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	01440		

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01440	Continued From page 42 interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct supervision of staff performing delegated tasks was provided within 30 calendar days after the date on which the individual had begun working for the licensee for three of three employees (assisted living director in residency/unlicensed personnel (ALDIR/ULP), ULP-C, and 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 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: ALDIR/ULP-A ALDIR/ULP-A was hired on September 29, 2025, to provide assisted living services and facility leadership. On March 31, 2026, at 7:56 a.m., the surveyor observed ALDIR/ULP-A administer R1's	01440		

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01440	Continued From page 43 scheduled morning medications. ALDIR/ULP-A's employee record included a document labeled [licensee] Home Health Aide Supervision: Medication Management signed by ALDIR/ULP-A and dated November 14, 2025. This indicated 43 days had passed since ALDIR/ULP-A began providing delegated tasks for the licensee. ULP-C ULP-C was hired September 29, 2025, to provide assisted living services. On March 30, 2026, at 12:02 p.m., the surveyor observed ULP-C complete facility housekeeping followed by preparation of R1's noon meal. ULP-C's employee record included a document labeled [licensee] Home Health Aide Supervision: Medication Management signed by ALDIR/ULP-A and dated November 14, 2025. This indicated 43 days had passed since ULP-C began providing delegated tasks for the licensee. ULP-D ULP-D was hired September 29, 2025, to provide assisted living services. ULP-D's employee record included a document labeled [licensee] Home Health Aide Supervision: Medication Management signed by ALDIR/ULP-A and dated November 14, 2025. This indicated 43 days had passed since ULP-D began providing delegated tasks for the licensee. ALDIR/ULP-A, ULP-C, and ULP-D's employee records lacked documentation of an appropriate licensed health professional or registered nurse (RN) supervising ALDIR/ULP-A, ULP-C, or	01440		

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01440	Continued From page 44 ULP-D performing a delegated task within 30 days of providing a delegated task or service. On March 31, 2026, at 9:57 a.m., ALDIR/ULP-A stated clinical nurse supervisor (CNS)-B was present with ALDIR/ULP-A for the completion of employee supervisions however, CNS-B did not sign the forms. ALDIR/ULP-A further stated ALDIR/ULP-A was not aware the 30-day employee supervisions must be completed by and signed by an RN or licensed health professional (LHP). On March 31, 2026, at 2:20 p.m., CNS-B stated all employee supervisions were completed on the same day. CNS-B further stated CNS-B was not aware of the requirement to complete the supervision within 30 days of the employee starting to provide delegated services and that the supervision must be completed by an RN. On April 1, 2026, at 4:07 p.m., owner (O)-E stated O-E was aware of the requirement to complete supervisions of unlicensed personnel however O-E was not aware of the 30-day timeline to complete them. The licensee's Supervision: Unlicensed Staff policy dated October 15, 2022, indicated direct supervision of home health aides who performed delegated tasks was provided within 30 days after the individual began working for the licensee. The policy further indicated the RN documented supervision in the employee's personnel file related to performance management. The Minnesota Board of Nursing- Nurse Practice Act- Minnesota Statute Section 148.171, effective August 1, 2013, indicated an RN's scope of practice included delegating nursing tasks or	01440		

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01440	Continued From page 45 assigning nursing activities to implement the plan of care and managing, supervising, and evaluating the practice of nursing. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional	01730		

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01730	Continued From page 46 when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the registered nurse (RN) failed to develop and maintain a current individualized medication management plan to include all required content for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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: During the entrance conference on March 30, 2026, at 10:46 a.m., assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A	01730		

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01730	Continued From page 47 stated the licensee was familiar with current minimum assisted living requirements. R1 admitted to the licensee and began receiving assisted living services on October 2, 2025. R1's diagnoses included diabetes, hypertension (elevated blood pressure), and pancreatitis (inflammation of the pancreas). R1's Addendum to Contract- Waiver- MN (service plan) dated October 6, 2025, indicated R1's services included medication administration three times daily, bathing, bedmaking, housekeeping, blood glucose monitoring, behavior management, pain monitoring, smoking monitoring, housekeeping, meal reminders, safety checks, laundry, linen change, monitoring weight weekly, and monitoring vitals. On March 30, 2026, at 2:38 p.m., the surveyor observed ALDIR/ULP-A administer R1's scheduled afternoon medications. R1's record included comprehensive assessment completed on November 13, 2025, which indicated the licensee's staff assisted R1 with medication management and administration. R1's record lacked an individualized medication management plan to address the following: - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;	01730		

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01730	Continued From page 48 - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and - medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. On April 1, 2026, at 4:20 p.m., clinical nurse supervisor (CNS)-B stated R1's medication management plan lacked required information due to CNS-B not being aware of the required content and still learning about assessment options and tools in RTasks (electronic medical record documentation program). The licensee's Service Plan for Medication Management policy dated October 15, 2025, indicated resident medication management plans included the following: - a statement describing the medication management services to be provided; - a description of the storage of medications based on the resident assessment and addressing resident preference, risk of diversion, and manufacturer instructions; - documentation procedures; Procedure for medication reconciliation; - identification of person(s) responsible for monitoring medication supplies and ensuring refills were ordered timely; - description of medication management tasks to be delegated to unlicensed personnel (ULP); - plans for staff notification of the licensed health professional when/if a problem with medication management services arose; and - any resident-specific requirements related to documenting medication administration, verification that all medications were administered	01730		

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01730	Continued From page 49 as prescribed and monitoring of medication use to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
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 ensure medication administration documentation included the reason why medication administration was not completed as prescribed and any follow-up procedures provided to meet the resident's needs for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01760		

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01760	Continued From page 50 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 30, 2026, at 10:54 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility. R1 admitted to the licensee and began receiving assisted living services on October 2, 2025. R1's diagnoses included diabetes, hypertension (elevated blood pressure), and pancreatitis (inflammation of the pancreas). R1's Addendum to Contract- Waiver- MN (service plan) dated October 6, 2025, indicated R1's services included medication administration three times daily, bathing, bedmaking, housekeeping, blood glucose monitoring, behavior management, pain monitoring, smoking monitoring, housekeeping, meal reminders, safety checks, laundry, linen change, monitoring weight weekly, and monitoring vitals. On March 30, 2026, at 2:38 p.m., the surveyor observed ALDIR/ULP-A administer R1's scheduled afternoon medications. R1's Provider Orders dated October 7, 2025, included an order for Lactulose (reduces ammonia levels in blood) 30 milliliters (ml) by mouth daily.	01760		

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01760	Continued From page 51 R1's Med (medication) Admin (administration) Summary- Month dated March 1 through March 31, 2026, indicated R1 was administered Lactulose 30 ml on March 12. On March 16, 18, and 23, R1's eMAR (electronic medication record) lacked documentation for R1's prescribed Lactulose. Furthermore, on March 2, 4, 7, 9, 11, 14, 21, 21, 25, 27, 28, 30, and 31, R1's eMAR read "none" next to Lactulose, under the section titled 'Scheduled Med Notes' however, R1's record lacked indication that CNS-B was updated or CNS-B completed follow-up regarding the missing medication supply. On March 31, 2026, at 4:52 p.m., CNS-B stated CNS-B contacted the pharmacy and was informed there was not an active order for R1's Lactulose. CNS-B further stated R1 was transferred to [licensee] from previous facility with an expired supply of Lactulose which was destroyed by CNS-B. CNS-B stated R1 had not received Lactulose since admission to [licensee] however CNS-B had not obtained order clarification or removed the medication from R1's eMAR. On April 1, 2026, at 4:15 p.m., CNS-B stated that R1 informed CNS-B during the admission process that R1 no longer took lactulose however, CNS-B had not received an order to discontinue the medication due to error during medication reconciliation process. The licensee's Medication Documentation policy dated October 15, 2025, indicated when administration of one or more medications was not completed, staff documented the reason why, follow up procedure to meet the resident's needs in compliance with the medication management	01760		

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01760	Continued From page 52 plan, appropriate notification to the RN (registered nurse) supervisor as instructed regarding missed doses, and a medication error report is completed if appropriate. The licensee's Medication Orders policy dated October 15, 2025, indicated [licensee] maintained a current written or electronically recorded prescription for all prescribed medications managed for the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic	01770		

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01770	Continued From page 53 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 30, 2026, at 10:54 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility. R1 admitted to the licensee and began receiving assisted living services on October 2, 2025. R1's diagnoses included diabetes, hypertension (elevated blood pressure), and pancreatitis (inflammation of the pancreas). R1's Addendum to Contract- Waiver- MN (service plan) dated October 6, 2025, indicated R1's services included medication administration three times daily, bathing, bedmaking, housekeeping, blood glucose monitoring, behavior management, pain monitoring, smoking monitoring, housekeeping, meal reminders, safety checks, laundry, linen change, monitoring weight weekly, and monitoring vitals. R1's Provider Orders dated October 7, 2025, included orders for gabapentin (nerve pain management) 800 milligrams (mg)- take one tablet by mouth three times per day, sucralfate (treat and prevent gastrointestinal ulcers) one gram (gm)- take one tablet by mouth daily, and pancrelipase (contains digestive enzymes to support pancreatic insufficiency) 12,000 units (u). On March 30, 2026, at 2:38 p.m., the surveyor observed assisted living director in residency/ unlicensed personnel (ALDIR/ULP)-A complete scheduled afternoon medication administration	01770		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41202	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW CARE LLC	3710 PIERCE STREET NORTHEAST COLUMBIA HEIGHTS, MN 55421

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01770	Continued From page 54 for R1. ALDIR/ULP-A removed a weekly medication planner (a medication box with designated compartments for days and times), which contained R1's gabapentin and sucralfate tablets in the compartment labeled for noon each day of the week. ALDIR/ULP-A stated CNS-B completed the medication set-up weekly in R1's medication planner. R1's record included a weekly progress note dated March 9, 2026, and signed on March 18, 2026, written by CNS-B which read "Medications reviewed; no missed doses reported. Resident starting new medication to aid with smoking." R1's record lacked documentation for medication setup at the time of setup to include the following: - date of medication set-up; - name of medication; - quantity of dose; - times to be administered; - route of administration; and - name of person who completed medication set-up. On March 30, 2026, at 11:07 a.m., CNS-B stated CNS-B documented medication set-up as part of weekly progress note in R1's record. CNS-B further stated CNS-B was not aware of the required content for medication set-up documentation. The licensee's Medication Documentation policy dated October 15, 2025, indicated [licensee] documented medication set-up according to the following: - date of medication set-up; - name of medication; - quantity of dose; - times to be administered;	01770		

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01770	Continued From page 55 - route of administration; and - name and title of person who completed medication set-up. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01770		
01820 SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for one of one resident (R1) who received medication management 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 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: During the entrance conference on March 30, 2026, at 10:54 a.m., clinical nurse supervisor	01820		

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01820	Continued From page 56 (CNS)-B stated the licensee provided medication management to residents at the facility. R1 admitted to the licensee and began receiving assisted living services on October 2, 2025. R1's diagnoses included diabetes, hypertension (elevated blood pressure), and pancreatitis (inflammation of the pancreas). R1's Addendum to Contract- Waiver- MN (service plan) dated October 6, 2025, indicated R1's services included medication administration three times daily, bathing, bedmaking, housekeeping, blood glucose monitoring, behavior management, pain monitoring, smoking monitoring, housekeeping, meal reminders, safety checks, laundry, linen change, monitoring weight weekly, and monitoring vitals. On March 31, 2026, at 7:56 a.m., the surveyor observed assisted living director in residency/ unlicensed personnel (ALDIR/ULP)-A administer R1's scheduled morning medication. R1's Med (medication) Admin (administration) Summary- Month dated March 1 through March 31, 2026, indicated R1 was administered vitamin B1 and vitamin B12 (vitamin supplement) on March 1-15, 17, 19-22, and 24-31. R1's Provider Orders dated October 7, 2025, included orders for vitamin B1 one once daily and vitamin B12 once daily. R1's record lacked prescriber orders which included the dosage to be taken for vitamins B1 and B12. On March 31, 2026, at 4:44 p.m., CNS-B stated a	01820		

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01820	Continued From page 57 complete medication order included the resident's name and date of birth, name and dose of the medication, indication for taking the medication, route of administration, and frequency of administration. CNS-B further stated if an order received was missing any of the required content, CNS-B contacted the pharmacy and provider to obtain clarification and a new order. CNS-B stated R1's vitamin doses were missed in error. The licensee's Medication Orders policy dated October 15, 2025, indicated [licensee] maintained current written or electronically recorded prescription for all prescribed medications managed for the resident. The policy lacked addressing required content in a prescription order. The licensee's Medication Administration policy dated October 15, 2025, indicated all staff who completed medication administration had access to information about the medication being administered, including but not limited to purpose, dosage, route, frequency, instructions related to the medication and specific to the resident, side effects, and resident medication allergies. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the	01890		

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01890	Continued From page 58 expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medications for one of one residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on March 30, 2026, at 10:54 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility. On March 30, 2026, 2:38 p.m., the surveyor observed assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A complete scheduled afternoon medication administration for R1 and observed R1's Stiolto Respimat inhaler in the medication cabinet. At 2:40 p.m., the surveyor observed R1's Stiolto Respimat inhaler which was not labeled with an open date or expiration date. On March 30, 2026, at 2:41 p.m., ALDIR/ULP-A	01890		

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01890	Continued From page 59 stated R1's Stiolto Respimat inhaler was not labeled with an open date or expiration date. ALDIR/ULP-A further stated CNS-B audited medication supplies for appropriate labels and expiration dates weekly when CNS-B completed medication set-up. On March 31, 2026, at 4:46 p.m., CNS-B stated medication supplies were audited weekly by CNS-B. CNS-B further stated when a staff member opened a time sensitive medication, the date opened was required to be written on the medication label. The manufacturer's instructions for use of Stiolto Respimat revised June 2016, indicated the inhaler should be discarded at the latest three months after first use or when the locking mechanism is engaged, whichever comes first. The licensee's Storage/Control of Medications policy dated October 15, 2025, indicated the licensed nurse was responsible for dating time-sensitive medications when opened. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02320 SS=E	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	02320		

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02320	Continued From page 60 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 two of three employees (assisted living director in residency/unlicensed personnel (ALDIR/ULP)-A and ULP-C) 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 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: ALDIR/ULP-A and ULP-C were hired on September 29, 2025, to provide direct care services to residents who resided at the facility. On March 30, 2026, at 2:38 p.m., the surveyor observed ALDIR/ULP-A dispense medications from R1's weekly medication planner (a medication box with designated compartments for days and times) and without completing the rights of medication administration or verifying the medications with R1's electronic medication administration record (EMAR), ALDIR/ULP-A administered the oral medications to R1 in the living room, observed for safe swallowing, and returned to the dining room table to complete additional tasks.	02320		

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02320	Continued From page 61 On March 30, 2026, at 2:47 p.m., the surveyor asked if documentation of the medication administration was completed. ALDIR/ULP-A stated ULP-C completed documentation for the medication administration which was completed by ALDIR/ULP-A because ULP-C observed the administration and already had R1's medical chart opened. ALDIR/ULP-A further stated ALDIR/ULP-A asked ULP-C to complete the documentation of medication administration prior to starting the process however, ALDIR/ULP-A was aware that the individual who completed the medication administration also needed to complete the documentation. ALDIR/ULP-A and ULP-C's records contained a document titled Home Health Aide Medication Competency Evaluation dated September 28, 2025, which indicated ALDIR/ULP-A and ULP-C were competent to perform the steps of medication administration. On March 31, 2026, at 5:03 p.m., clinical nurse supervisor (CNS)-B stated employees were trained that medication administration included completion of the six rights of administration during medication preparation, administration of medication, and documentation. CNS-B further stated the employee who administered the medication must be the employee that completed the documentation. The licensee's Medication Documentation policy dated October 15, 2025, indicated complete documentation of medication administration included the following: resident's name, medication name, medication dosage, date and time of administration, method/route of administration, and the signature and title of the	02320		

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02320	Continued From page 62 employee who administered the medication. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

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

NEW CARE LLC
3710 PIERCE STREET NORTHEAST
Columbia Heights, MN 55421
Anoka County
Parcel:

Phone:

License Info

License: HFID 41202

Risk:
License:
Expires on:
CFPM: Salah A. Salah
CFPM #: 120121; Exp: 10/23/2026

Inspection Info

Report Number: F1051261075
Inspection Type: Full - Single
Date: 3/30/2026 Time: 11:00:00 AM
Duration: 45 minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 4
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 3-300B Protection from Contamination: cross-contamination, eggs
3-302.12 *Priority Level: Priority 3 CFP#: 37*
MN Rule 4626.0240 Properly label all working containers holding food or food ingredients that are removed from original packages with the common name of the food. Label the food in English and any other languages used by employees who handle food.
COMMENT:
LABEL THE CONTAINER OF SUGAR IN THE KITCHEN.
Comply By: 3/30/2026 Originally Issued On: 3/30/2026

New Order: 3-500C Microbial Control: date marking
3-501.17A *Priority Level: Priority 2 CFP#: 23*
MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.
COMMENT:
AT THE TIME OF INSPECTION, THE TRAY OF RICE AND STEAK COOKED ON 3/29 IN THE KITCHEN UPRIGHT COOLER WAS NOT DATE MARKED. FACT SHEET PROVIDED WITH REPORT VIA EMAIL.
Comply By: 3/30/2026 Originally Issued On: 3/30/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.12A *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705A Provide a readily accessible food temperature measuring device to ensure attainment and maintenance of food temperatures.
COMMENT:
AT THE TIME OF INSPECTION, THERE IS NO THERMOMETER INSIDE THE KITCHEN UPRIGHT COOLER.
Comply By: 4/3/2026 Originally Issued On: 3/30/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.12B *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.
COMMENT:
AT THE TIME OF INSPECTION, THERE IS NO THERMOMETER TO MEASURE THE TEMPERATURE FOR COOKED & PREPARED FOOD.
Comply By: 4/3/2026 Originally Issued On: 3/30/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT:
PROVIDE THE APPROPRIATE TEST KIT FOR THE DISHMACHINE AND SANITIZERS.
Comply By: 4/3/2026 Originally Issued On: 3/30/2026

Food & Beverage General Comment

MET WITH THE NURSE EVALUATOR, ALLISON SKILLINGSTAD.

DISCUSSED THE FOLLOWING WITH THE MANAGER, RINDWAN:

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

RINDWAN STATES THAT THIS FACILITY RECEIVES CATERED FOOD FROM BELA HALL.

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 F1051261075 from 3/30/2026

Rindwan
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

NEW CARE LLC
Columbia Heights
County/Group: Anoka County

Inspection Info

Report Number: F1051261075
Inspection Type: Full
Date: 3/30/2026
Time: 11:00:00 AM

Food Temperature: Product/Item/Unit: RICE AND STEAK**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL41202015-0	**Date:** 3/31/2026
Facility Name: New Care LLC	
Facility Address: 3710 Pierce St NE, Columbia Heights, Minnesota, 55421	

☒ **TAG IDENTIFICATION: 0810**

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

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan included instructions to evacuate residents but did not include the identification of residents that need assistance or any resident-specific procedures to staff for assisting residents during an evacuation.

2. 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: Documentation of staff training on the FSEP was not provided at time of survey. Assisted living director in residence/unlicensed staff (ALDIR/ULP)-A stated that they have conducted training but failed to document it.

3. 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: Review of the provided fire drill records indicated one fire drill was conducted since opening in October 2025. The documentation did not indicate that fire drills were conducted on each shift or that the minimum number of required drills were completed.