Electronically Delivered

May 27, 2026

Licensee
Gardenview Home Health LLC
401 East 100th Street
Bloomington, MN 55420

RE: Project Number(s) SL39922016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 13, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Renee L. Anderson

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39922	A. BUILDING: _____ B. WING _____	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENVIEW HOME HEALTH LLC	401 EAST 100TH STREET BLOOMINGTON, MN 55420

(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: SL39922016-0 On May 11, 2026, through May 13, 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 were four residents; four receiving services under the 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.	
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically	01820		

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01820	Continued From page 1 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 there were current written or electronically recorded prescriptions as defined in section 151.01, subdivision 16 a, for all prescribed medications that the assisted living facility was managing for one of two residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2's signed Service Plan dated January 26, 2026, indicated R2 received services including assistance with housekeeping, laundry, meals, bathing, toileting, dressing, grooming, blood glucose monitoring, and medication administration. On May 12, 2026, from 8:15 a.m. to 8:43 a.m., during continuous observation, the surveyor observed unlicensed personnel (ULP)-C assist R2 with blood glucose testing and medication administration.	01820		

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01820	Continued From page 2 R2's medication administration record (MAR) for May 2026, indicated R2 was scheduled to take the following medications: -amantadine (for tremors) 100 milligrams (mg), one tablet by mouth twice daily; -aripiprazole (an antipsychotic) 5 mg, one tablet by mouth once daily; -fluoxetine (for depression) 20 mg, one capsule by mouth once daily; -Ozempic (for diabetes and blood sugar) 2 mg, inject 2 mg under skin every seven days; -multivitamin (a supplement), one tablet by mouth once daily; -omeprazole (decrease stomach acid) 20 mg, one capsule by mouth once daily; -vitamin D3 (a supplement) 25 micrograms (mcg), one tablet by mouth daily; -dorzolamide timolol (to decrease eye pressure) 22.3-6.8 solution, place one drop into both eyes twice daily; -fish oil (a supplement) 1200 mg, one capsule by mouth twice daily; -acetaminophen (for pain) 500 mg, two tablets by mouth twice daily; -Lantus (long-acting insulin) pen 100 u/ml, inject seven units under skin every morning; -atorvastatin (to lower cholesterol) 20 mg one tablet by mouth daily; -gabapentin (for nerve pain) 100 mg, one capsule by mouth every evening; and -latanoprost (to decrease eye pressure) .005 percent (%) solution, instill one drop in both eyes, daily at bedtime. R2's record included signed Medication and Treatment Orders, dated January 29, 2026, but lacked a provider order with signature for the following medications from the list above: -amantadine 100 milligrams (mg), one tablet by mouth twice daily;	01820		

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01820	Continued From page 3 -Ozempic 2 mg, inject 2 mg under skin every seven days; and -Lantus insulin 100 u/ml pen, inject seven units under skin every morning. On May 12, 2026, at 9:35 a.m., clinical nurse supervisor (CNS)-B stated she used the After Visit Summary (AVS) provider documentation when implementing new orders. CNS-B was not aware of the requirement for all orders to be either manually or electronically signed by the provider. CNS-B stated she tried to have the provider sign the AVS and the provider told her the AVS was all the licensee needed. Education provided. CNS-B requested the surveyor send resources that may be helpful to use when working with the residents' providers and obtaining prescription orders. On May 12, 2026, at 10:42 a.m., the surveyor provided, via email, statutory regulatory language and requirements for prescriptions. The licensee's Medication Orders policy, dated July 24, 2023, indicated, "1. [Licensee] will maintain 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	01820		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments	01880		

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01880	Continued From page 4 according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored securely for one of four residents (R2) with 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2's signed Service Plan dated January 26, 2026, indicated R2 received services including assistance with housekeeping, laundry, meals, bathing, toileting, dressing, grooming, blood glucose monitoring, and medication administration. On May 12, 2026, from 8:15 a.m. to 8:43 a.m., during continuous observation, the surveyor observed unlicensed personnel (ULP)-C assist R2 with blood glucose testing and medication administration. ULP-C obtained R2's one opened and dated insulin pen from the kitchen refrigerator. R2's Ozempic injection pens were also observed stored in the kitchen refrigerator. The surveyor observed the kitchen refrigerator was not locked, and accessible to all residents and staff.	01880		

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01880	Continued From page 5 R2's medication administration record (MAR) dated May 2026 indicated R2 was administered the following medications: -Ozempic (for diabetes and blood sugar control) 2 milligrams (mg), inject under the skin every seven days, last administered May 5, 2026. Ozempic is now on hold, at the time of survey, until after surgery scheduled for May 15, 2026. -Lantus (long-acting insulin) pen 100 units/milliliter (u/ml), inject seven units under the skin every morning. R2's medical record included an Individualized Medication Management Plan dated February 10, 2026. The section titled Medication Administration Details noted R2's Ozempic and Lantus were to be stored in the refrigerator. On May 12, 2026, at 8:44 a.m., clinical nurse supervisor (CNS)-B stated R2's Ozempic injections and Lantus insulin pens were stored in the unlocked main floor kitchen refrigerator. CNS-B was not aware these medications were required to be locked securely in the refrigerator but agreed all medications administered to the residents were to be stored securely. CNS-B verbalized she planned to secure the refrigerated medications for R2. The licensee's Storage/Control of Medications policy dated July 24, 2023, indicated, "When [Licensee] is providing storage of medications outside of the resident's private living space, all prescription drugs are securely locked in substantially constructed compartments according to the manufacturer's directions. Only authorized personnel have access to the stored medications." In addition, included, "14. Medications are stored	01880		

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01880	Continued From page 6 in a secured medication cabinet. Only authorized nursing personnel have access to the locked cabinet." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

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

Food & Beverage Inspection Report

Establishment Info

Gardenview Home Health LLC
401 East 100th St
Bloomington, MN 55420
Hennepin County
Parcel:

Phone:

License Info

License: 0042565

Risk:
License: -1
Expires on: 12/31/2024
CFPM: Saida A Mohamed
CFPM #: 122751; Exp: 04/28/2027

Inspection Info

Report Number: F1018261088
Inspection Type: Full - Single
Date: 5/11/2026 Time: 3:44:53 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

Inspection conducted with Dede Hinnendael (MDH) present.

Establishment is a residential home with residential equipment. They currently have 4 residents.

Establishment does all same day service of foods.

Kitchen has a dishwasher with sanitize function available, and a 2 basin sink with basins labeled for hand washing and food prep.

Equipment is all stainless steel and in good condition.

Cabinets are made of wood, floors are laminate, walls are tiled and painted, ceiling is popcorn, and counter tops are quartz. All observed in good condition.

Discussed pest control, vomit clean up plan, and illness reporting. Viewed illness log.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1018261088 from 5/11/2026

Idil Mohamed
Manager

Rebecca Prestwood

Rebecca Prestwood, REHS
Public Health Sanitarian 3
651-201-3777
rebecca.prestwood@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Gardenview Home Health LLC
Bloomington
County/Group: Hennepin County

Inspection Info

Report Number: F1018261088
Inspection Type: Full
Date: 5/11/2026
Time: 3:44:53 PM

Food Temperature: Product/Item/Unit: cheese**; Temperature Process:** Cold-Holding
Location: Upstairs Fridge at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: waffles**; Temperature Process:** Cold-Holding
Location: Downstairs Fridge at 41 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

Gardenview Home Health LLC
Bloomington
County/Group: Hennepin County

Inspection Info

Report Number: F1018261088
Inspection Type: Full
Date: 5/11/2026
Time: 3:44:53 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No