Electronically Delivered

May 29, 2026

Licensee
New Perspective Rosedale
2555 Snelling Avenue North
Roseville, MN 55113

RE: Project Number(s) SL21410017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 6, 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.

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 . . ."

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

pursuant to this survey:

1290 - 144g.60 Subdivision 1 - Background Studies Required - $1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

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

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you

may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. 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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21410	A. BUILDING: _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE ROSEDALE	2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113

(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: SL21410017-0 On May 4, 2026, through May 6, 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 55 residents; 55 receiving services under the Assisted Living Facility with Dementia Care license. An immediate order was identified on May 5, 2026, issued for SL21410017-0, tag identification 1290.	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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (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 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	0 480		

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0 480	Continued From page 2 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 5, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control. The licensee failed to ensure direct care staff performed cleaning and disinfection of medical equipment per manufacturer instructions for one of four employees (unlicensed personnel (ULP)-E), and the licensee failed to ensure direct care staff performed adequate hand hygiene (HH) for one of four employees (ULP-K) 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	0 510		

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0 510	Continued From page 4 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: EQUIPMENT CLEANING ULP-E was hired May 29, 2025, and provided direct care to residents. On May 5, 2026, from 7:19 a.m. to 7:35 a.m., during continuous observation, the surveyor observed ULP-E assist R3 with blood glucose testing using R3's Accu-Check blood glucose meter. After completing the blood glucose test, without cleaning or disinfecting R3's blood glucose meter, the meter was placed back into an unlabeled plastic container and into the locked medication cart. On May 5, 2026, at 7:51 a.m., ULP-E stated the nurses cleaned the blood glucose meter but was unsure how often this was completed. ULP-E stated she received infection control training from the nurse, upon hire, and during monthly meetings. On May 5, 2026, at 10:02 a.m., clinical nurse supervisor (CNS)-B stated staff were trained to clean and disinfect the blood glucose meter before and after each use. CNS-B verbalized she planned to follow up and provide additional infection control education to all employees. The Centers for Disease Control and Prevention (CDC) guidance, Considerations for Blood Glucose Monitoring and Insulin Administration, dated August 7, 2024, indicated, "Clean and disinfect blood glucose meters after every use,	0 510		

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0 510	Continued From page 5 per the manufacturer's instructions." The Accu-Chek Guide dated 2024, indicated on page 47: -Clean the meter to remove visible dirt or other material prior to disinfecting; -Clean and disinfect the meter at least once per week and when blood is present on the surface of the meter; and -Clean and disinfect the meter before allowing anyone else to handle the meter. Do not allow anyone else to use the meter on themselves for testing purposes. In addition, included on page 48, the following parts of the meter should be cleaned and disinfected: -The area around slots and openings (do not get any moisture in slots or openings); -The meter display; and -The entire meter surface. HAND HYGIENE ULP-K was hired May 29, 2025, and provided direct care to residents. On May 5, 2026, from 9:16 a.m. to 9:45 a.m., during continuous observation, the surveyor observed ULP-K assist R4 with personal care, including toileting, and oxygen administration. Without first performing HH, ULP-K donned gloves. R4 was lying supine in bed; ULP-K assisted R4 with a one person transfer to the bathroom using a gait belt. ULP-K assisted R4 with peri-cares and changed R4's incontinence brief. Without removing gloves and performing HH, ULP-K touched and repositioned R4's nasal cannula oxygen tubing R4's near nose and behind her ears. Next, ULP-K assisted R4 with applying toothpaste on toothbrush. ULP-K then removed the soiled gloves and without performing	0 510		

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0 510	Continued From page 6 HH, donned clean gloves. Finally, ULP-K straightened R4's bed, removed gloves and performed HH with hand sanitizer. On May 5, 2026, at 10:02 a.m., CNS-B stated staff should have performed HH after peri cares and before providing other personal cares for R4. CNS-B stated staff were trained on infection control at hire, and during monthly meetings. CNS-B verbalized she planned to follow up and provide additional infection control education to all employees. The licensee's Blood Glucose Meters policy, dated February 5, 2026, indicated, "Blood glucose meters ("glucometers") are resident-specific and require a provider order. A resident's blood glucose will be tested only with the meter they own. The health and wellness director (HWD) or licensed nurse designee will manage the maintenance of the blood glucose meters for residents who receive medication and treatment management services to include calibration in accordance with applicable law and manufacturer instructions." The licensee's Hand Washing, Glove Usage, and Hair Restraints policy, dated November 7, 2025, indicated, "Team members will wash their hands: -Before starting work or handling food; -Before and after handling ready-to-eat (RTE) foods; -Before and after changing gloves; -After handling raw meat, poultry, seafood, or eggs; -After sneezing, coughing, using a tissue, or touching face, hair, or body; -After using the restroom; -After eating, drinking, smoking, or chewing gum; -After handling money or touching trash;	0 510		

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0 510	Continued From page 7 -After cleaning tasks, using chemicals, or handling soiled equipment; and -After assisting a resident or touching any personal items." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 660 SS=D	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 establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included completion of a two-step tuberculin skin test (TST) or TB blood test, no	0 660		

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0 660	Continued From page 8 greater than 90 days prior to hire date for one of three employees (registered nurse (RN)-G). 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: The licensee's Facility TB Risk Assessment, dated June 23, 2025, indicated the facility was at a low risk for TB transmission. RN-G was hired November 10, 2025, to provide direct nursing care for residents of the facility. On May 4, 2026, at 2:20 p.m., the surveyor observed RN-G interact with one of the licensee's residents and also observed the medication refrigerator within the nursing office on second floor. RN-G's record included documentation of a completed TB history and symptom screening form, dated November 10, 2025, and a TB blood test, dated March 12, 2025, greater than 90 days (243 days) before hire date. On May 6, 2026, at 9:13 a.m., licensed assisted living director (LALD)-A stated RN-G did not have an additional TB test completed within 90 days prior to her hire date and this must have been overlooked during the onboarding process for RN-G.	0 660		

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0 660	Continued From page 9 The licensee's Communicable Disease Tuberculosis policy, revised October 11, 2023, indicated, "The Community will establish and maintain a Tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and the state health department." In addition, the policy indicated, "14. A licensed nurse will review TB symptoms with each new team member before having direct resident contact. a. Prior to contact with residents, each team member will be tested for TB. i. A two-step skin test or single interferon gamma release assay (IGRA) for M. tuberculosis (e.g., QuantiFERON® TB Gold or TB Gold-InTube, T-SPOT®.TB) will be administered unless the team member's medical history indicates that a tuberculin skin test is contraindicated. See Tuberculosis Gold Testing - MD Order Request form, Two-Step Tuberculin Skin Test - Team Members/Volunteers form, or other approved form for use as applicable to Community for approved cases only. Note: If the team member has been tested using one (1) of the above measures within the previous ninety (90) days, and can provide documentation to support the testing, the Community will not test the team member at that time." The CDC's Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC dated May 16, 2019, recommended all health care professionals complete a TB screening including a symptom evaluation and an IGRA or	0 660		

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0 660	Continued From page 10 TST. Health care workers with written documentation of a previous positive TST or IGRA should have documented in their record: test results, assessment for current TB symptoms and a related chest x-ray. The Minnesota Department of Health (MDH) Regulations for TB Control in Minnesota Health Care Settings, dated July 2013, indicated baseline TB screening consists of three components: 1. Assessing for current symptoms of active TB disease, 2. Assessing TB history, and 3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single IGRA. In addition, on page 11, included, "An employee may begin working with patients after a negative TB symptom screen (i.e., no symptoms active TB disease) and a negative IGRA or TST (i.e., first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a	0 970		

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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
0 970	Continued From page 11 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 assisted living contracts did not include language waiving the licensee's liability for health, safety, or personal property of a resident for three of three residents (R2, R3, R4). This practice resulted in a level one violation (a violation that will cause only minimal impact on the residents 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: R2 R2 was admitted on March 13, 2025, and had diagnoses including congestive heart failure (decreased heart function), peripheral venous insufficiency (decreased blood flow to lower extremities), and atrial fibrillation (irregular heart rhythm). R2's unsigned Service Plan Acknowledgement dated March 26, 2026, indicated R2 received services including assistance with housekeeping, laundry, meals, grooming, bathing, treatment and medication management. R3 R3 was admitted on July 25, 2025, and had diagnoses including dementia and type two diabetes.	0 970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21410	A. BUILDING: _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE ROSEDALE	2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113

(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
0 970	Continued From page 12 R3's signed Service Plan Acknowledgement dated January 22, 2026, indicated R3 received services including assistance with housekeeping, laundry, meals, dressing, grooming, bathing, treatment and medication management. R4 R4 was admitted on November 15, 2023, and had diagnoses including type two diabetes, congestive heart failure, and chronic kidney disease. R4's signed Service Plan Acknowledgement dated June 5, 2026, indicated R3 received services including assistance with housekeeping, laundry, meals, treatment and medication management. R2, R3 and R4's Residency Agreement dated July 17, 2025, July 25, 2025, and August 26, 2025, respectively, all included the following language indicating a waiver of licensee liability: "Insurance a. Liability to Others. Resident shall be liable to themselves, Resident's family, Resident's guests, invitees, or other occupants or persons on the premises of Community for damage to the property of others at Community (including Community) and for any injury, theft, burglary, assault, other crimes; or failure to secure the Leased Premises from damage caused by fire, smoke, water, wind, rain, or any other causes that Resident or Resident's guests, invitees cause to any Resident, team member or visitor at Community, or themselves. Resident is responsible for any damage Resident causes to the Leased Premises or any part of Community, and for any personal injury caused or permitted by Resident, Resident's guests, and invitees. If more than one (1) Resident occupies the Leased	0 970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21410	A. BUILDING: _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE ROSEDALE	2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113

(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
0 970	Continued From page 13 Premises, each Resident is jointly and severally liable for any such damage or personal injury." On May 5, 2026, at 10:18 a.m., licensed assisted living director (LALD)-A and regional director of operations (RDO)-C stated they were not aware there was a waiver of liability in the contract and would check on this with their corporate office. Also, LALD-A verbalized the licensee had all residents sign a new assisted living contract with the change of ownership and the same contract was used for all residents. On May 6, 2026, at 1:15 p.m., LALD-A stated she spoke to the corporate team, verifying the waiver was in the assisted living contract, and they would follow up and correct the language. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21410	A. BUILDING: _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE ROSEDALE	2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113

(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
01290	Continued From page 14 does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure all employees had a cleared Minnesota Department of Human Services (DHS) background study in affiliation with the assisted living license for two of ten employees (unlicensed personnel (ULP)-H, ULP-I). This resulted in an immediate correction order issued on May 5, 2026. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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: On May 4, 2026, at approximately 12:00 p.m., licensed assisted living director (LALD)-A provided the surveyor with the licensee's active Minnesota DHS NETStudy 2.0 background study roster. On May 5, 2026, at 8:50 a.m., the licensee's DHS NETStudy 2.0 background study roster was reviewed with LALD-A and regional director of operations (RDO)-C. LALD-A stated both ULP-H and ULP-I were currently employed as caregivers at the facility. ULP-H	01290	The licensee took action to address the risk of the immediate order.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21410	A. BUILDING: _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE ROSEDALE	2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113

(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
01290	Continued From page 15 ULP-H was hired on May 29, 2025, under a change of ownership, and provided direct cares to residents. On May 5, 2026, at 7:36 a.m., the surveyor observed ULP-H assisting R6 with personal cares. ULP-H's employee record included a background study clearance form dated October 28, 2021, affiliated with health facility identification (HFID) 22361. ULP-H's record lacked a cleared DHS NETStudy 2.0 background study affiliated with the current licensee's HFID, 21410. ULP-I ULP-I was hired on May 29, 2025, under a change of ownership, and provided direct cares to residents. ULP-I's record included a timecard indicating ULP-I worked the night shift on May 1, 2, and 3, 2026. ULP-I's employee record included a background study clearance form dated December 30, 2016, affiliated with HFID 20814. ULP-I's record lacked a cleared DHS NETStudy 2.0 background study affiliated with the current licensee's HFID, 21410. On May 5, 2026, at 10:30 a.m., RDO-C stated ULP-H and ULP-I were both pulled from the schedule and would not be working until they had received a cleared NETStudy 2.0 background study. On May 5, 2026, at 11:44 a.m., LALD-A stated the business manager at the facility oversaw the DHS NETStudy background studies and would audit the roster. LALD-A stated she is not sure what	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21410	A. BUILDING: _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE ROSEDALE	2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113

(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
01290	Continued From page 16 might have happened to cause ULP-H and ULP-I to not have background studies affiliated with the licensee HFID 21410. LALD-A verbalized she planned to look into this in more detail. The licensee's Background Checks policy revised, February 14, 2022, indicated, "Offers of employment at [Licensee] are contingent upon passing a thorough background check. This contingency will be clearly stated in the verbal and written job offer." In addition, the policy included, "The recruiter at the Resource Center or business office manager (BOM) is responsible for monitoring and notifying the executive director (ED) or hiring manager of hiring status. The Community's ED is responsible for ensuring all final candidates meet background check requirements." No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	01290		
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 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 three residents (R2) with medication management services. This practice resulted in a level two violation (a	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21410	A. BUILDING: _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE ROSEDALE	2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113

(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
01880	Continued From page 17 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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 unsigned Service Plan Acknowledgement dated March 26, 2026, indicated R2 received services including assistance with housekeeping, laundry, meals, grooming, bathing, treatment and medication management. On May 5, 2026, from 6:42 a.m. to 7:13 a.m., during continuous observation, the surveyor observed unlicensed personnel (ULP)-F assist R2 with personal care, catheter care, and medication administration. During personal cares the surveyor noted two medications on the television stand unsecured in R2's apartment. The medications were one Biofreeze (menthol, for pain relief) roll-on gel, and one tube of clotrimazole-betamethasone dipropionate (to treat fungal skin infections) one percent (%)/0.5% cream. ULP-F stated these medications were not currently administered to R2 and she was not sure why these medications were not locked in the medication cart . ULP-F further stated all R2's medications were to be stored in the medication cart. After completing personal cares and medication administration ULP-F did not remove the medications from R2's apartment. R2's physician orders signed June 24, 2025, indicated R2 was prescribed the following medication:	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21410	A. BUILDING: _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE ROSEDALE	2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113

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01880	Continued From page 18 -clotrimazole-betamethasone dipropionate 1/0.5%, apply topically four times daily. The order indicated the medication was to be administered from June 10, 2025, to June 24, 2025. R2's record lacked a current prescription for Biofreeze or clotrimazole-betamethasone dipropionate at the time of survey. R2's medication administration record (MAR) dated May 2026, did not include the Biofreeze found in R2's apartment. R2's MAR indicated the clotrimazole medication, found in R2's apartment was in a "pending confirmation" status, indicating, "Clotrimazole CRE 1% (clotrimazole topical)" and to apply topically twice daily for 14 days, starting May 6, 2026, after the start of the survey. R2's record included a Medication Management Plan dated March 26, 2026. The Medication Storage section, number 25, indicated R2's medications were stored in a locked medication cart. On May 5, 2026, at 10:02 a.m., clinical nurse supervisor (CNS)-B stated R2's two medications found in his apartment should have been stored in the locked medication cart. CNS-B verbalized she planned to go to R2's apartment to retrieve the two medications. -at 10:04 a.m., CNS-B stated she retrieved the two unsecured medications from R2's apartment. CNS-B verbalized R2 was ordered the clotrimazole cream in the past and she would request a new order from R2's provider to restart the medication. The licensee's Medication Storage policy dated April 5, 2026, indicated, "Medication that is managed by the Community will be securely	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21410	A. BUILDING: _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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
01880	Continued From page 19 stored in original pharmacy-labeled containers per pharmacy instructions and organized by resident, in accordance with applicable law." In addition, on page two included, "1. Medications will be centrally stored in locked medication carts, secure medication rooms, or secure medication refrigerators located in the Community." 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

New Perspective Rosedale
2555 SNELLING AVENUE NORTH
Roseville, MN 55113
Anoka County
Parcel:

Phone:

License Info

License: HFID 21410

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1021261134
Inspection Type: Full - Single
Date: 5/5/2026 Time: 10:37:28 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 4
Delivery: Emailed

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.14D *Priority Level: Priority 3 CFP#: 41*
MN Rule 4626.0285D Provide an approved sanitizing solution for storage of the wet wiping cloths that is free of food debris and visible soil.
COMMENT: WET WIPING CLOTHS WERE OBSERVED STORED IN A COUPLE OF SOAP AND WATER BUCKETS IN THE MAIN KITCHEN AND IN ONE IN THE MEMORY CARE KITCHEN. DISCUSSED WITH DIRECTOR AND STAFF THAT ONCE WET, WIPING CLOTHS MUST BE STORED IN AN APPROVED SANITIZER SOLUTION. STAFF CORRECTED THE ISSUE DURING THE INSPECTION BY REMOVING THE WET WIPING CLOTHS FROM THE SOAP AND WATER BUCKETS. CORRECTED ON-SITE.
Comply By: Complied On Site Originally Issued On: 5/5/2026

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: NO TEST KIT AVAILABLE IN THE MEMORY CARE KITCHEN TO MEASURE THE CHLORINE CONCENTRATION IN THE DISH MACHINE. FOOD SERVICE DIRECTOR HAS CHLORINE TEST KITS IN HIS OFFICE AND PROVIDED ONE TO THE MEMORY CARE KITCHEN DURING THE INSPECTION. CORRECTED ON-SITE. **i:** Invalid Value
Comply By: Complied On Site Originally Issued On: 5/5/2026

New Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT: THE RANDELL PREP COOLER IN THE KITCHEN IS NO LONGER WORKING, AND STAFF ARE USING ICE IN THE COLD WELLS TO HOLD TCS FOODS. THIS IS ONLY A TEMPORARY FIX. ALL EQUIPMENT MUST BE MAINTAINED AND USED IN ACCORDANCE WITH THE MANUFACTURER’S SPECIFICATIONS AS REQUIRED BY THE RULE ABOVE. PER CONVERSATION WITH THE FOOD SERVICE DIRECTOR, A REPLACEMENT PREP COOLER IS CURRENTLY IN PROCESS.
Comply By: 11/30/2026 Originally Issued On: 5/5/2026

New Order: 4-900 Protecting Clean Items
4-904.11A *Priority Level: Priority 3 CFP#: 45*
MN Rule 4626.0965A Handle, display, and dispense all single-service and single use articles and clean utensils so that contamination of lip-contact and food-contact surfaces is prevented.
COMMENT: DISPOSABLE SPOONS AND FORKS WERE OBSERVED STORED IN PLASTIC CUPS WITH THE LIP CONTACT SURFACES FACING UP IN THE KITCHEN. STAFF CORRECTED THE ISSUE BY REPOSITIONING THE UTENSILS SO THAT THE HANDLES ARE FACING UPWARD TO PREVENT HAND CONTAMINATION. CORRECTED ON-SITE.

Comply By: Complied On Site *Originally Issued On: 5/5/2026*

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.14A *Priority Level: Priority 3 CFP#: 10*
MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: HANDWASHING SINK IN THE MEMORY CARE KITCHEN IS MISSING A HANDWASHING SIGN/POSTER THAT REMINDS FOOD EMPLOYEES TO WASH HANDS BEFORE RETURNING TO WORK. FOOD SERVICE DIRECTOR HAS EXTRA HANDWASHING POSTERS IN HIS OFFICE AND PROVIDED ONE TO THE MEMORY CARE KITCHEN DURING THE INSPECTION. CORRECTED ON-SITE.

Comply By: Complied On Site *Originally Issued On: 5/5/2026*

Food & Beverage General Comment

All findings on this report were discussed with Food Service Director Ron Fisher, Executive Director Jerris Miller and Health Regulation Division Nurse Evaluator Dede Hinnendael.

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 F1021261134 from 5/5/2026

Melissa Ramos

Ron Fisher
Food Service Director

Melissa Ramos,
Public Health Sanitarian 3
651-201-4495
melissa.ramos@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

New Perspective Rosedale
Roseville
County/Group: Anoka County

Inspection Info

Report Number: F1021261134
Inspection Type: Full
Date: 5/5/2026
Time: 10:37:28 AM

Food Temperature: Product/Item/Unit: Split Pea and Bacon Soup**; Temperature Process:** Hot-Holding
Location: Hot Wells at 181 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sliced Turkey **; Temperature Process:** Hot-Holding
Location: Hot Wells at 167 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk **; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sliced Turkey **; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cut Melon **; Temperature Process:** Cold-Holding
Location: Traulsen Upright Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk **; Temperature Process:** Cold-Holding
Location: Memory Care Beverage Air Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cut Melon **; Temperature Process:** Cold-Holding
Location: Memory Care Beverage Air Cooler 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

New Perspective Rosedale
Roseville
County/Group: Anoka County

Inspection Info

Report Number: F1021261134
Inspection Type: Full
Date: 5/5/2026
Time: 10:37:28 AM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** 3-Compartment Sink
Location: Dishwashing Area **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 167 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Prep Area **Equal To** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Dish Machine
Location: Memory Care **Equal To** 50 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Memory Care **Equal To** 200 PPM
Comment:
Violation Issued?: No