



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 12, 2025

Licensee
Bel Rae Senior Living
2330 Mounds View Boulevard
Mounds View, MN 55112

RE: Project Number(s) SL31586016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 30, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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 . . ."

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 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, 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:

0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. 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>

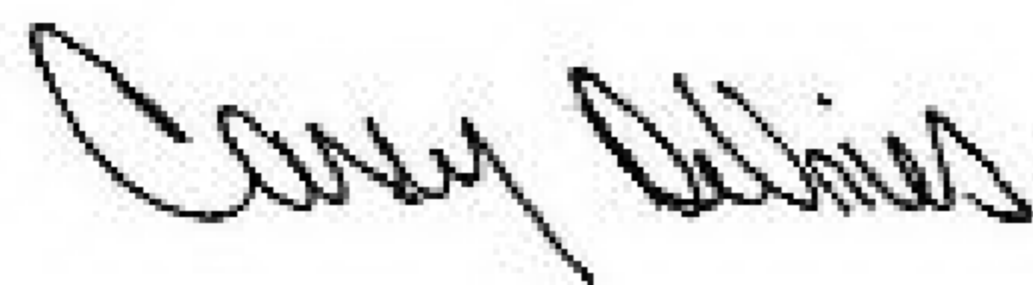
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms 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,



Casey DeVries, Supervisor

State Evaluation Team

Email: casey.devries@state.mn.us

Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2025
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NAME OF PROVIDER OR SUPPLIER BEL RAE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 MOUNDS VIEW BOULEVARD MOUNDS VIEW, MN 55112
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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
0 000	<p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL31586016-0</p> <p>On April 28, 2025, through April 30, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 82 residents; 60 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 28, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer</p>	0 480		
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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 650 SS=D	<p>144G.42 Subd. 8 (a) Staff records</p> <p>(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 information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records contained required content to include an annual performance review for one of two employees (unlicensed personnel (ULP)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	0 650		

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0 650	<p>Continued From page 4</p> <p>safety but had the potential to have harmed a resident's health or safety) 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).</p> <p>The findings include:</p> <p>ULP-B was hired on October 5, 2022, to provide direct cares to residents.</p> <p>ULP-B's employee record included an Annual Performance Review dated October 24, 2023.</p> <p>ULP-B's employee record lacked further annual performance reviews.</p> <p>On April 28, 2025, at 10:51 a.m., and 10:55 a.m., the surveyor observed ULP-B provide services for multiple residents in the commons area.</p> <p>On April 29, 2025, at 12:55 p.m., clinical nurse supervisor (CNS)-A's email indicated, "We do not have [ULP-B's] 2024 Performance Evaluation," and further indicated, "[ULP-B's] 2025 Evaluation is due in October."</p> <p>On April 30, 2025, at 11:47 a.m., CNS-A stated they missed ULP-B's annual performance review for 2024; they completed annual performance reviews on an employee's work anniversary.</p> <p>The licensee's 4.05 Associate Records policy revised November 2023, indicated, "Documentation of annual performance reviews that identify areas of improvement needed and training needs."</p> <p>No further information was provided.</p>	0 650		

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0 650	Continued From page 5	0 650		
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of the Minnesota State Fire Code. This had the potential to directly affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On a facility tour on April 30, 2025, from 10:15 a.m. to 12:00 p.m., with regional operations (RO)-G, and director of maintenance (M)-F, the surveyor made the following observations of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511:</p> <p>EXIT DOOR SPECIAL LOCKING ARRANGEMENTS</p>	0 775		

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0 775	<p>Continued From page 6</p> <p>There was a delayed egress locking system installed on all exit doors leading out of the locked dementia care units.</p> <p>The delayed egress door locking systems were not provided with a device capable of deactivating the delayed egress door system hardware to the unlocked position from the nurse station or other approved location within the locked unit.</p> <p>It was explained the delayed egress locking system is required to be provided with a device capable of deactivating the delayed egress door hardware to the unlocked position from the nurse station or other approved location within the locked unit in order for occupants to exit in the event of a fire or similar emergency.</p> <p>During an interview at on April 30, 2025, at 10:30 a.m., RO-G, and M-F, stated the procedures required to operate and unlock the delayed egress door locking system was not included in the Fire Safety and Evacuation Plan (FSEP).</p> <p>It was explained that the procedures required to operate and unlock the delayed egress locking system in order for occupants to exit in the event of an emergency are required to be included in the fire safety and evacuation plan employee procedures. These procedures are required to be included in the FSEP in accordance with MSFC in Minnesota Rules Chapter 7511.</p> <p>FIRE RESISTANT RATED DOOR CLOSERS</p> <p>The automatic door closers were removed from the fire-resistant rated doors of the break room in the lower level and the laundry room in the dementia care unit near resident sleeping unit</p>	0 775		

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0 775	<p>Continued From page 7</p> <p>130.</p> <p>It was explained that fire-resistant rated doors are required to be maintained as self-closing and latching as designed and installed at the time of construction approval.</p> <p>TRASH CHUTE FIRE RESISTANT RATED DOORS</p> <p>The doors in the trash chute were missing the latching hardware and would not positively latch on the first floor near the commercial kitchen and in second floor trash room.</p> <p>It was explained the trash chute door hardware is required to be maintained to positively close and latch to prevent the spread of smoke and fire out of the trash chute in the event of a fire in the trash chute.</p> <p>SUSPENDED CEILING MAINTENANCE</p> <p>There were ceiling tiles missing from the ceiling in the closet of the theater room in the lower level and in the commercial kitchen around the air handling unit.</p> <p>It was explained that ceiling tiles are required to be maintained in buildings provided with a fire sprinkler system in order for the sprinkler system to activate as designed and installed at the time of construction approval.</p> <p>During the facility tour RO-G, and M-F, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 775		

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0 830 SS=D	<p>144G.45 Subd. 3 Local laws apply</p> <p>Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with all state and local governing laws and codes, for fire safety, and building permit. This had the potential to affect a limited number of residents, staff, and visitors.</p> <p>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 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).</p> <p>The findings include:</p> <p>On a facility tour on April 30, 2025, from 10:15 a.m. to 12:00 p.m., with regional operations (RO)-G, and director of maintenance (M)-F, the surveyor made the following observations of facility non-compliance with all state and local governing laws and codes:</p> <p>CONSTRUCTION UNDERWAY</p>	0 830		

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0 830	<p>Continued From page 9</p> <p>During the tour it was observed construction demolition had occurred in the bathroom/ shower room across from resident sleeping unit 110. The wall coverings, floor coverings and plumbing fixtures were removed from the room and open wall cavities were exposed from the floor up four feet high.</p> <p>During the tour RO-G, stated they thought the general contractor would have applied for the required approvals and permits because they work in assisted livings often. RO-G, stated they would follow up with the general contractor to verify the applications were submitted as required.</p> <p>In an email on May 2, 2025, at 8:02 a.m., RO-G, requested information related to the construction submittal process with Minnesota Department of Health.</p> <p>No further information was provided.</p> <p>During the facility tour RO-G, and M-F, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 830		
01500 SS=F	<p>144G.63 Subd. 5 Required annual training</p> <p>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual</p>	01500		

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01500	<p>Continued From page 10</p> <p>training must include:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p>	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2025
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NAME OF PROVIDER OR SUPPLIER BEL RAE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 MOUNDS VIEW BOULEVARD MOUNDS VIEW, MN 55112
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01500	<p>Continued From page 11</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment on required annual training topics for two of two employees who were employed more than 12 months (unlicensed personnel (ULP)-B, ULP-C).</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B ULP-B was hired on October 5, 2022, to provide direct cares to residents.</p> <p>ULP-B's Educare (online training platform) transcript and employee record lacked eight hours of annual training to include the following</p>	01500		

Minnesota Department of Health

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01500	<p>Continued From page 12</p> <p>topics: - review of policies and procedures.</p> <p>ULP-C ULP-C was hired on September 22, 2021, to provide direct cares to residents.</p> <p>ULP-C's Educare transcript and employee record lacked eight hours of annual training to include the following topics: - review of policies and procedures.</p> <p>On April 28, 2025, at 10:51 a.m., and 10:55 a.m., the surveyor observed ULP-B provide services for multiple residents in the commons area.</p> <p>On April 28, 2025, at 11:01 a.m., the surveyor observed ULP-C preparing medications for administration.</p> <p>On April 29, 2025, at 11:17 a.m., clinical nurse supervisor (CNS)-A's email indicated they did not provide annual training for provider policies and procedures.</p> <p>On April 30, 2025, at 11:47 a.m., CNS-A stated they recently discovered they were not providing annual training on provider policies and procedures; they stated they were still in the process of getting their staff members up to date with the required annual training topic. CNS-A stated ULP-B and ULP-C had not completed the required annual training topic.</p> <p>The licensee's 5.06 Annual Required Staff Training policy dated August 1, 2021, indicated: "The following training elements MUST be included every 12 months to all staff who performs direct care services: 1. Training on reporting of maltreatment of</p>	01500		

Minnesota Department of Health

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01500	<p>Continued From page 13</p> <p>vulnerable adults under section 626.557</p> <p>2. Review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights</p> <p>3. Review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases</p> <p>4. Effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders</p> <p>5. Review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures</p> <p>6. Principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01500		
01620 SS=E	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted</p>	01620		

Minnesota Department of Health

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01620	<p>Continued From page 14</p> <p>as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a comprehensive reassessment no more than 14 days after initiation of services for two of three residents (R2, R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number 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).</p> <p>The findings include:</p>	01620		

Minnesota Department of Health

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01620	<p>Continued From page 15</p> <p>R2 R2 was admitted to the licensee on April 18, 2023.</p> <p>R2's Service Plan dated April 19, 2025, indicated R2 received services for transfers, repositioning, ambulation, bed mobility, and medication management.</p> <p>R2's record included an Admission Assessment completed on April 18, 2023. R2's next assessment was not completed until July 11, 2023, completed as a 90-day assessment. R2's record lacked a 14-day assessment.</p> <p>R3 R3 was admitted to the licensee on January 24, 2022.</p> <p>R3's Service Plan dated April 15, 2025, indicated R3 received services for dressing, grooming, meals, pacemaker checks, and laundry.</p> <p>R3's record included an Admission Assessment completed on January 24, 2022. R3's next assessment was not completed until May 5, 2022, as a 90-day assessment. R3's record lacked a 14-day assessment.</p> <p>On April 30, 2025, at 10:54 a.m., clinical nurse supervisor (CNS)-A's email indicated, "Unfortunately, a Day 14 Assessment was not completed on [R2]."</p> <p>On April 30, 2025, at 11:47 a.m., CNS-A stated R2's 14-day assessment was missed and should have been completed. CNS-A stated, "that's on me." CNS-A stated they could not comment on R3's missing 14-day assessment as it was prior</p>	01620		

Minnesota Department of Health

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01620	<p>Continued From page 16</p> <p>to their employment.</p> <p>The licensee's 6.01 Assessments, Reviews & Monitoring policy dated February 11, 2022, indicated, "Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment."</p> <p>No additional information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		
01880 SS=F	<p>144G.71 Subd. 19 Storage of medications</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to store all medications in a securely locked location when a medication cart was left unlocked and unattended on a memory care unit.</p> <p>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</p>	01880		

Minnesota Department of Health

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01880	<p>Continued From page 17</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On April 28, 2025, at 10:55 a.m., the surveyor observed two medication carts in the commons area of the Swing memory care unit; they were labeled, "Swing 1," and "Swing 2." Swing 2's locking mechanism was in the unlocked position and unattended. The surveyor pulled on the medication drawers which opened. The surveyor observed two unlicensed personnel (ULP), ULP-B and ULP-C, working the Swing unit. The surveyor observed ULP-B was in the dining space and commons area assisting residents with various tasks including ambulation assistance. ULP-B left the commons area multiple times leaving the Swing 2 medication cart unattended. The surveyor observed ULP-C was not in the commons area.</p> <p>On April 28, 2025, at 11:01 a.m., ULP-C entered the commons area and approached the Swing 2 medication cart; they immediately pushed in the locking mechanism and then accessed their computer which was sitting on top of the medication cart. ULP-C unlocked the Swing 2 medication cart, removed medications, prepared the medications for administration, relocked the medication cart and walked away with the medications.</p> <p>On April 18, 2025, at 11:07 a.m., ULP-B stated the medication carts should be locked at all times when they were not at the medication carts.</p> <p>On April 28, 2025, at 11:09 a.m., ULP-C stated they had left the Swing 2 medication cart</p>	01880		

Minnesota Department of Health

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01880	<p>Continued From page 18</p> <p>unlocked and should not have been left it unlocked when unattended. ULP-C stated they must have left it unlocked by mistake. ULP-C stated there were medications for approximately seven residents in the Swing 2 medication cart. ULP-C stated they were trained to keep all medication carts locked when unattended.</p> <p>On April 28, 2025, at 12:33 p.m., clinical nurse supervisor (CNS)-A stated staff were trained to keep the medication carts locked at all times when they are unattended.</p> <p>The licensee's 7.11 Medication Storage policy dated August 1, 2021, indicated, "Medications managed outside of a resident's private "living space" must be in securely locked and substantially constructed compartments and permit only authorized personnel to have access. This may be a medication room, medication cart, or similar setup."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	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

Page: 1

Establishment Info	License Info	Inspection Info
Bel Rae Senior Living 2330 Mounds View Boulevard Mounds View, MN 55112 Parcel: Phone:	License: HFID 31586 Risk: License: Expires on: CFPM: Jerry Jefferson CFPM #: 122892; Exp: 2/15/2027	Report Number: F7994251004 Inspection Type: Full - Single Date: 4/28/2025 Time: 12:05 PM Duration: minutes Announced Inspection: <u>Total Priority 1 Orders: 1</u> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 1</u> <u>Delivery:</u>

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.14A *Priority Level: Priority 1 CFP#: 27*

MN Rule 4626.0250A Protect food from contamination from unsafe or unapproved food or color additives and unsafe or unapproved levels of approved food and color additives.

COMMENT: STAFF OBSERVED WRITING ROOM NUMBERS ON POP CAN TOPS WITH SHARPIE. CHEF DISCARDED CANS AND SPOKE WITH EMPLOYEE.

Comply By: 4/28/2025 Originally Issued On: 4/28/2025

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: ICE BUILD UP NOTED IN THE WALK IN FREEZER. CHEF INDICATED REPAIRS HAVE BEEN ATTEMPTED IN THE PAST BUT ICE CONTINUES TO BUILD UP.

Comply By: 7/28/2025 Originally Issued On: 4/28/2025

Food & Beverage General Comment

INSPECTION CONDUCTED IN THE PRESENCE OF HRD STAFF AND FINDINGS SHARED AT THE END OF INSPECTION.

WILL EMAIL ANY SUPPORTING DOCUMENTS AND LINKS TO HRD STAFF AT THE END OF THE DAY.

TEMPERATURES:

- PREP LINE
- TOMATOES 35
- SLICED MEAT 36
- TOMATOES 33
- SOUP 172 (COOK)

- WALK IN
- TURKEY 37
- PASTA 36
- FRUIT 37

- SANITIZERS:
- DISHWASHER 163

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 F7994251004 from 4/28/2025

Jerry Jefferson

Crystal Elva,
Public Health Sanitarian 3
651-201-3981
crystal.elva@state.mn.us

Food Establishment Inspection Report

Metro District Office Minnesota Department of Health 625 Robert St N, PO BOX 64975 St Paul, MN 55164	No. of Risk Factor/Intervention/Violations	1	Date: 4/28/2025
	No. of Repeat Risk Factor/Intervention/Violations		Time: 12:05 PM
	Score (optional)		Dur: min
Establishment: Bel Rae Senior Living	Address: 2330 Mounds View Boulevard	City/State: Mounds View, MN	Zip: 55112
License/Permit #: HFID 31586	Permit Holder:	Purpose of Inspection: Full	Est. Type: Risk Category:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item				Mark "X" in appropriate box for COS and/or R						
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable				COS=corrected on-site during inspection R=repeat violation						
Compliance Status			COS	R	Compliance Status			COS	R	
Supervision				Time/Temperature Control for Safety						
1	IN	Person in charge present, demonstrate knowledge and performs duties			18	IN	Proper cooking time & temperatures			
2	IN	Certified Food Protection Manager			19	N/O	Proper reheating procedures for hot holding			
Employee Health				Consumer Advisory						
3	IN	knowledge, responsibilities, and reporting			20	N/O	Proper cooling time and temperature			
4	IN	Proper use of restriction and exclusion			21	N/O	Proper hot holding temperatures			
5	IN	Response to vomiting, diarrheal events			22	IN	Proper cold holding temperatures			
Good Hygienic Practices				Highly Susceptible Populations						
6	IN	Proper eating, tasting, drinking, tobacco use			23	IN	Proper date marking & disposition			
7	IN	No discharge from eyes, nose, and mouth			24	N/A	Time as public health control; procedures & record			
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances						
8	IN	Hands clean and properly washed			25	N/A	Consumer advisory provided for raw or undercooked foods			
9	IN	No bare hand contact with RTE foods, alternatives			Conformance with Approved Procedures					
10	IN	Adequate handwashing sinks supplied and access			26	IN	Pasteurized foods used; prohibited foods not offered			
Approved Source				27	OUT	Food additives; approved & properly used				
11	IN	Food obtained from approved source			28	IN	Toxic substances properly identified; stored; used			
12	IN	Food Received at proper temperature			Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury					
13	IN	Food in good condition, safe & unadulterated								
14	N/A	Records available: shellstock tags, parasite dest.								
Protection From Contamination										
15	IN	Food separated and protected								
16	IN	Food-contact surfaces; cleaned & sanitized								
17	IN	Proper Disposition of returned, previously served, reconditioned, & unsafe food								

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Mark "X" or OUT in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation									
Compliance Status			COS	R	Compliance Status			COS	R
Safe Food and Water				Proper Use of Utensils					
30	IN	Pasteurized eggs used where required			43		In-use utensils; Properly stored		
31		Water & ice from approved source			44		Utensils, equipment & linens; properly stored, dried, handled		
32	N/A	Variance obtained for specialized processing methods			45		Single-use & single-service articles, properly stored and used		
Food Temperature Control				Utensils, Equipment and Vending					
33		Proper cooling methods used; adequate equipment for temperature control			46		Gloves used properly		
34	N/O	Plant food properly cooked for hot holding			47	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
35	IN	Approved thawing methods used			48		Warewashing facilities: installed, maintained, used; test strips		
36		Thermometers provided & accurate			49		Non-food contact surfaces clean		
Food Identification				Physical Facilities					
37		Food properly labeled; original container			50		Hot & cold water available; adequate pressure		
Prevention of Food Contamination				51		Plumbing installed; proper backflow devices			
38		Insects, rodents, & animals not present; no unauthorized person			52		Sewage & waste water properly disposed		
39		Contamination prevented during food prep, storage, & display			53		Toilet facilities; properly constructed, supplied & cleaned		
40		Personal cleanliness			54		Garbage & refuse properly disposed; facilities maintained		
41		Wiping cloths: properly used & stored			55		Physical facilities installed, maintained & clean		
42		Washing fruits & vegetables			56		Adequate ventilation & lighting; designated areas used		
Person in Charge (signature)				57		Compliance with MCIAA			
				58		Compliance with licensing and plan review			

Inspector (signature)	Follow-up: Follow-up Date:
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