Electronically Delivered

May 27, 2026

Licensee
Bright Path Homes LLC
125 Hartman Circle Northeast
Fridley, MN 55432

RE: Project Number(s) SL36963016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 15, 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 . . ."

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

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

The correction order documentation should include the following:

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

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Kelly Thorson

Kelly Thorson , Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36963	A. BUILDING: _____ B. WING _____	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHT PATH HOMES LLC	125 HARTMAN CIRCLE NE FRIDLEY, MN 55432

(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: SL36963016-0 On May 11, 2026, through May 13, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were four (4) residents; four (4) receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance 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 surveyors' 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 11, 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		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.	0 810		

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0 810	Continued From page 4 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May 12, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a	0 970		

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0 970	Continued From page 5 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 four of four residents (R1, 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: R1 was admitted to the licensee on January 22, 2024, and began receiving assisted living services. R2 was admitted to the licensee on January 9, 2024, and began receiving assisted living services. R3 was admitted to the licensee on March 3, 2023, and began receiving assisted living services. R4 was admitted to the licensee on July 3, 2024, and began receiving assisted living services. On May 11, 2026, at 2:11 p.m. licensed assisted living director (LALD)-A provided the licensee's contract for all residents. The contract included	0 970		

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0 970	Continued From page 6 the following statement, page 11 titled miscellaneous provisions 1. Responsibility "The resident agrees that resident shall be responsible for any personal injury or property damage (including, without limitation, damage to, or loss or theft of, automobiles or personal property of resident) suffered by the resident or the resident's agents, guests or invitees, unless and to the extent that the injury or damage is caused by the negligence of the facility or its employees or agents." Page 13 titled indemnification "[Licensee's Name] shall not be liable for any damage or injury to the resident, or any other person, or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold [Licensee's Name] harmless from any claims or damages unless caused solely by negligence of [Licensee's Name]." On April 13, 2026, at 12:41 p.m., (LALD)-A stated they were aware the contract could not include language waiving the licensee liability from their past survey and would fix the language. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		

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

Bright Path Homes LLC
125 Hartman Circle NE
Fridley, MN 55432
Anoka County
Parcel:

Phone: 415-531-9296
services@brightpathmn.com

License Info

License: HFID 36963
MOSES GIBSON
Risk:
License:
Expires on:
CFPM: EUNICE TEEHEH REEVES
CFPM #: 114883; Exp: 9/26/2028

Inspection Info

Report Number: F1029261156
Inspection Type: Full - Single
Date: 5/11/2026 Time: 12:55:31 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 4
Total Priority 2 Orders: 1
Total Priority 3 Orders: 3
Delivery:

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: UNPASTEURIZED SHELL EGGS ABOVE RTE ITEMS IN FRIDGE. PIC INSTRUCTED TO PLACE BELOW RTE ITEMS AND/OR STORE IN A LEAK-PROOF CONTAINER WITH HIGH SIDE WALLS.
Comply By: 5/11/2026 Originally Issued On: 5/11/2026

New Order: 3-400A Destroying Organisms: cooking time/temperature, freezing
3-401.11D(1) & (2) *Priority Level: Priority 3 CFP#: 18*
MN Rule 4626.0340D(1)(2) Discontinue offering raw or undercooked fish, shellstock, eggs, steak tartar or comminuted beef to a highly susceptible population which includes children.
COMMENT: UNDERCOOKED EGGS OFFERED AS AN OPTION TO CLIENTS PART OF A HIGHLY SUSCEPTIBLE POPULATION. PIC INSTRUCTED TO DISCONTINUE OFFERING RAW OR UNDERCOOKED ANIMAL PROTEINS TO ANY CLIENTS THAT ARE PART OF A HIGHLY SUSCEPTIBLE POPULATION.
Comply By: 5/11/2026 Originally Issued On: 5/11/2026

! New Order: 3-500D Microbial Control: disposition of food
3-501.18A *Priority Level: Priority 1 CFP#: 23*
MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.
COMMENT: NO OPEN DATE MARKS ON OPENED BAG OF PRECOOKED SAUSAGE PATTIES AND OPENED ALFREDO SAUCE. OPEN DATES UNKNOWN BY STAFF AND ITEMS DISCARDED. PIC INSTRUCTED TO ENSURE REQUIRED ITEMS ARE DATE MARKED AND DISCARDED AFTER THE 7TH DAY.

https://www.revisor.mn.gov/rules/4626/full#rule.4626.0400
Comply By: 5/11/2026 Originally Issued On: 5/11/2026

New Order: 4-200 Equipment Design and Construction
4-201.11GMN *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.
COMMENT: ITEMS BEING HELD BEYOND SAME DAY SERVICE IN MAIN FRIDGE. PIC INSTRUCTED TO DISCONTINUE PRACTICE WITH EQUIPMENT NOT CERTIFIED FOR SANITATION BY AN ANSI ACCREDITED CERTIFYING BODY.
Comply By: 5/11/2026 Originally Issued On: 5/11/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT: MIN/MAX THERMOMETER PRESENT BUT DISPLAY NOT FULLY FUNCTIONAL. PIC INSTRUCTED TO HAVE THERMOMETER REPAIRED OR REPLACED TO HAVE A FUNCTIONING DISPLAY OR TO USE A DIFFERENT MEANS OF VERIFYING SANITIZING TEMPERATURES IN DISHWASHER (E.G., THERMAL STICKERS).
Comply By: 5/15/2026 Originally Issued On: 5/11/2026

! **New Order: 4-500 Equipment Maintenance and Operation**
4-501.114A *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0805A Use the approved sanitizer according to the rule and the EPA approved manufacturer's label.
COMMENT: DISINFECTING WIPES USED ON FOOD CONTACT SURFACES IN KITCHEN. PIC INSTRUCTED TO DISCONTINUE USING ON FOOD CONTACT SURFACES AND TO USE FOOD CONTACT SURFACE WIPES IF DISPOSABLE WIPES ARE A SELECTED METHOD OF SANITIZING.
Comply By: 5/11/2026 Originally Issued On: 5/11/2026

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: DISHWASHER NOT SANITIZING. PIC INSTRUCTED TO REPAIR OR REPLACE.
Comply By: 5/29/2026 Originally Issued On: 5/11/2026

! **New Order: 4-700 Sanitizing Equipment and Utensils**
4-702.11 *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.
COMMENT: DISHWASHER NOT REACHING MANUFACTURER'S SANITIZING TEMPERATURES. PIC INSTRUCTED TO REPAIR OR REPLACE DISHWASHER TO ENSURE MANUFACTURER'S SANITIZING TEMPERATURES ARE REACHED AND TO CHEMICALLY SANITIZE EQUIPMENT AND UTENSILS IN THE INTERIM AS A SHORT TERM SOLUTION.
Comply By: 5/11/2026 Originally Issued On: 5/11/2026

Food & Beverage General Comment

FOOD AND BEVERAGE INSPECTION CONDUCTED AS PART OF HRD SURVEY OF ALF. NURSING SURVEYOR: JESSICA DETERS. ESTABLISHMENT IS RESIDENTIAL IN NATURE. INSPECTION CONDUCTED WITH ESTABLISHMENT REPRESENTATIVES SAYE MAYE COLE, MANAGER, LULU TAYE, CNN, AND MOSES GIBSON, LALD. IDENTIFIED ISSUES REVIEWED WITH ESTABLISHMENT REPRESENTATIVES. TOPICS REVIEWED: EMPLOYEE ILLNESS LOGGING, REPORTING, AND EXCLUSION REQUIREMENTS; TEMPERATURE CONTROL; SANITIZING; EMPLOYEE HYGIENE AND HANDWASHING; PROTECTION FROM CONTAMINATION.

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 F1029261156 from 5/11/2026

Trevor McCliment

MOSES GIBSON
LALD PIC

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@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

Bright Path Homes LLC
Fridley
County/Group: Anoka County

Inspection Info

Report Number: F1029261156
Inspection Type: Full
Date: 5/11/2026
Time: 12:55:31 PM

New Record: **Product/Item/Unit:** MILK**; Temperature Process:** Cold-Holding
Location: 2ND FRIDGE at 35 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** COLESLAW**; Temperature Process:** Cold-Holding
Location: MAIN FRIDGE at 38 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

Bright Path Homes LLC
Fridley
County/Group: Anoka County

Inspection Info

Report Number: F1029261156
Inspection Type: Full
Date: 5/11/2026
Time: 12:55:31 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: **Equal To** 153 Degrees F.
Comment:
Violation Issued?: Yes

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL36963016-0	**Date:** 5/12/2026
Facility Name: BRIGHT PATH HOMES LLC	
Facility Address: 125 Hartman Circle NE, Minneapolis, Minnesota 55432	

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that are readily available at all times within the facility. [Minn. Stat. 144G.45 subd.2]

   Comments: The licensee failed to maintain the FSEP as readily available at the facility. The surveyor requested the FSEP at 10:38 a.m. on May 5, 2026. The licensee could not locate their policy on site, and they printed a copy at 10:55 a.m. for the surveyor to review.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included language to use pull station and smoke compartments that the building did not have.

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency.

4. Employees of assisted living facilities shall receive training on the fire safety and evacuation plans (FSEP) upon hiring and at least twice per year thereafter. [Minn. Stat. 144G.45 subd.2]

   Comments: The licensee lacked documentation demonstrating that employees received training on the FSEP upon hire and at least twice per year, as required.