Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 3, 2025

Licensee
Great Home Minnesota LLC
8668 Alvarado Court
Inver Grove Heights, MN 55077

RE: Project Number(s) SL35520016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 20, 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.

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

INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Great Home Minnesota. **Please contact Jodi Johnson at 507-344-2730 on or before October 6, 2025, to schedule the conference call.**

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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35520	A. BUILDING: _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT HOME MINNESOTA LLC	8668 ALVARADO COURT INVER GROVE HEIGHTS, MN 55077

(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: SL35520016-0 On August 18, 2025, through August 20, 2025, 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 three residents; three receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 100 SS=F	144G.10 Subdivision 1 License required	0 100		

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0 100	Continued From page 1 (a)(1) Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living facility areas and any licensed areas subject to another license type. (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.	0 100		

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0 100	Continued From page 2 (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to operate the entire building as an assisted living facility (ALF). Non-assisted living occupants resided on one floor of the building with assisted living residents on the other. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On August 18, 2025, at 11:00 a.m. the surveyor entered the licensee's facility, met with licensed assisted living director/clinical nurse supervisor	0 100		

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0 100	Continued From page 3 (LALD/CNS)-A and was escorted from the upper level of the facility (two story home) to the lower level, where LALD/CNS-A indicated was designated as the licensed area of the home/ALF. The lower level had a designated separate entrance; however, shared the same facility/home address. LALD/CNS-A stated she and her spouse (both employees) were the facility owners and lived in the upper level. During a facility tour on August 18, 2025, at 12:40 p.m. LALD/CNS-A stated the facility was licensed for five residents; however, the lower level used as the ALF included four bedrooms. The resident census at time of survey was three residents. On August 18, 2025, at 3:00 p.m. LALD/CNS-A stated prior to being licensed as an assisted living facility in 2021, the facility (home) was licensed as an adult foster care home and there was not an issue with residents and non-residents living in the same facility. ENGINEER NOTE On facility tour with owner/certified nursing assistant/maintenance manager (O/CNA/MM)-B the surveyor on August 19, 2025, O/CNA/MM-B stated they were living in the upstairs level of this building; however, it was observed the upstairs did not have the required separation of a vertical 2-hour fire barrier to be considered unlicensed space. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 100		

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0 480	Continued From page 4	0 480		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 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;	0 480		

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0 480	Continued From page 5 (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 19, 2025, for the specific	0 480		

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0 480	Continued From page 6 Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 650 SS=F	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee	0 650		

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0 650	Continued From page 7 records contained the required content for two of two employees (unlicensed personnel (ULP)-D, ULP-F). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP-D ULP-D was hired on March 6, 2017, to provide direct care services to the licensee's assisted living residents. On August 19, 2025, at 7:15 a.m., the surveyor observed ULP-D setting up and administering one oral medication to R1. ULP-D also checked R1's vital signs (temperature, pulse, and blood pressure). ULP-D's employee record included performance reviews with the most recent review dated January 2018. ULP-D's employee record lacked evidence of documentation of annual performance reviews since 2018, that identified areas of improvement needed and training needs. In addition, ULP-D's record lacked a job description. ULP-F ULP-F was hired on March 1, 2025, to provide	0 650		

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0 650	Continued From page 8 direct care services to the licensee's assisted living residents. On August 19, 2025, at 3:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-F worked at both of her Assisted Living facilities and was providing direct care services. ULP-F's employee record lacked a job description. On August 20, 2025, at 11:40 a.m., LALD/CNS-A stated she hired a consultant to help her since the previous survey and the consultant purged some documents from the employee files, and thought maybe the job description and performance evaluations were purged. The licensee's Performance Evaluation policy dated February 1, 2023, indicated a formal performance evaluation will be conducted for all staff providing assisted living services at least annually. The licensee's Personnel Records policy dated February 1, 2023, indicated at a minimum, all documents related to the following are kept in the personnel record, as applicable to job requirements including: - Signed job description - Documentation of annual performance reviews identifying areas of improvement needed and training needs No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		

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0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of	0 730		

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0 730	Continued From page 10 rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one resident record (R1) included the required content as required. This practice resulted in a level two violation (a violation that did not harm a client'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: R1's Service Plan dated February 14, 2023, indicated he received services including assistance with bathing, dressing, meal assistance, medication administration/management, safety checks, and daily vital signs (temperature, pulse respirations, oxygen saturations), and weekly weights. On August 19, 2025, at 7:15 a.m., the surveyor observed unlicensed personnel (ULP)-D	0 730		

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0 730	Continued From page 11 administer R1's morning medication and completed a set of vital signs. At 9:20 a.m., ULP-D completed a bed bath for R1, dressed him, and transferred him to his wheelchair using a Hoyer lift. ULP-D then escorted R1 to the dining area and fed him breakfast. ULP-D stated due to R1's dwarfism (with very short arms), he required full assistance with all cares, meals, transfers, wheeling his chair and repositioning every two hours. ULP-D further stated R1 had limited communication skills but could answer "yes" and "no" to questions. R1's task documentation (RTasks-the licensee's electronic record system) dated August 2025, included: symptom screening, medication administration, bathing assistance, dressing, housekeeping, meal assistance, record bowel movement, record vital signs (temperature, pulse, respirations, blood pressure, oxygen saturations), and safety checks. R1's task documentation lacked documentation of the following services being provided: -transfers with Hoyer lift; -escorts/assistance with wheeling/propelling wheelchair -repositioning every two hours while in bed On August 20, 2025, at 12:05 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee would need to update R-Tasks to include the missing services being documented. The licensee's Clinical Records policy dated February 1, 2023, indicated the clinical record contained documentation of services provided as identified in the service plan.	0 730		

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0 730	Continued From page 12 No further information provided. TIME PERIOD FOR CORRECTIONS: Twenty-one (21) days	0 730		
0 830 SS=F	144G.45 Subd. 3 Local laws apply 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. This MN Requirement is not met as evidenced by: Based on observation, record review and interview, the licensee failed to comply with all state and local governing laws, and codes for fire safety, building, and zoning requirements. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when prob-lems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	0 830		

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0 830	Continued From page 13 The findings include: On facility tour with owner/maintenance (O/CAN/M)-B on August 19, 2025, between 9:00 a.m. and 11:00 a.m. the following deficient condition was observed: UNPERMITTED WORK: The surveyor observed that work was being completed on the back stairs and deck. The O/CAN/M-B stated he had a permit online with the City of Inver Grove Heights. The surveyor checked online and did not find a permit for this work. The O/CAN/M-B stated they would email a copy of the permit to the surveyor by the end of the day August 21, 2025. This did not happen. The deficient condition was visually verified by the O/CAN/M-B accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 830		
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including:	01370		

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01370	Continued From page 14 (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations for the required topics were completed by one of two unlicensed personnel (ULP-F) prior to providing direct cares. 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	01370		

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01370	Continued From page 15 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: ULP-F had a hire date of March 1, 2025, and provided direct care services under the licensee's assisted living license. On August 19, 2025, at 3:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-F worked at both assisted living facilities she ran. ULP-F was currently working at the other (sister) facility and was actively providing direct care. R1's medication administration record (MAR) dated August 2025, indicated ULP-F passed R1's levothyroxine 50 micrograms (mcg) on August 12, 2025. ULP-F's employee file lacked evidence of training prior to providing services for the following: - maintenance of a clean and safe environment; - appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; and - awareness of commonly used health	01370		

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01370	Continued From page 16 technology equipment and assistive devices. Additionally, ULP-F's employee file lacked evidence he completed a practical skills test or had the RN indicate his competency in the following tasks as required: -appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; and - standby assistance techniques and how to perform them On August 20, 2025, at 12:45 p.m., LALD/CNS-A stated she employed two additional registered nurses who were assigned to manage employee training and would need to ensure they were completing all training and required paperwork prior to the ULP providing direct care. She further stated she would need to have better oversight to ensure the policies were being followed. The licensee's Staff competency policy dated February 1, 2023, indicated training and competency evaluations for all unlicensed personnel include the following. Refer to the Competency Manual for criteria. Unlicensed personnel may not work for [licensee name] until they have successfully passed the written (at 80%) and demonstration competency evaluation to include: - Maintenance of a clean and safe environment; - Appropriate and safe techniques in personal hygiene and grooming, including hair care and bathing; care of teeth, gums and oral prosthetic devices; care and use of hearing aids; and	01370		

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01370	Continued From page 17 dressing and assisting with toileting; - Standby assistance techniques and how to perform them; and - Medication, exercise and treatment reminders No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure competency training and evaluations were completed by one of two unlicensed personnel (ULP-F) prior to providing direct cares.	01380		

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01380	Continued From page 18 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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: ULP-F had a hire date of March 1, 2025, and provided direct care services under the licensee's assisted living license. On August 19, 2025, at 3:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-F worked at both assisted living facilities she ran. ULP-F was currently working at the other (sister) facility and was actively providing direct care. R1's medication administration record (MAR) dated August 2025, indicated ULP-F passed R1's levothyroxine 50 micrograms (mcg) on August 12, 2025. ULP-F's training record lacked evidence of the following required training topics prior to providing services: - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - reading and recording temperature, pulse, and respirations of the resident; (also missing practical skills test/competency signed by RN) - recognizing physical, emotional, cognitive, and	01380		

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01380	Continued From page 19 developmental needs of the resident; Additionally, ULP-F's record included completed training of the following tasks; however, ULP-F's employee record lacked evidence the ULP completed a practical skills test/ competency signed by the RN for: - safe transfer techniques and ambulation; and - range of motioning and positioning On August 20, 2025, at 12:45 p.m., LALD/CNS-A stated she employed two additional registered nurses who were assigned to manage employee training and would need to ensure they were completing all training and required paperwork prior to the ULP providing direct care. She further stated she would need to have better oversight to ensure the policies were being followed. The licensee's Staff competency policy dated February 1, 2023, indicated training and competency evaluations for all unlicensed personnel include the following. Refer to the Competency Manual for criteria. Unlicensed personnel may not work for [licensee name] until they have successfully passed the written (at 80%) and demonstration competency evaluation to include: - Basic knowledge of body functioning and changes in body function, injuries or other reportable changes - Recognizing physical, emotional, cognitive and development needs of the resident - Safe transfer techniques and ambulation - Range of motion and positioning - Reading and recording temperature, pulse and respirations No further information provided.	01380		

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01380	Continued From page 20 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct supervision of two of two unlicensed personnel (ULP-D, ULP-F) performing delegated tasks was provided within 30 calendar days after the date	01440		

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01440	Continued From page 21 on which the individuals began working for the licensee. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP-D ULP-D was hired on March 6, 2017, to provide direct care services to the licensee's assisted living residents. On August 19, 2025, at 7:15 a.m., the surveyor observed ULP-D setting up and administering one oral medication to R1. ULP-D also checked R1's vital signs (temperature, pulse, and blood pressure). ULP-F ULP-F was hired on March 1, 2025, to provide direct care services to the licensee's assisted living residents. On August 19, 2025, at 3:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-F worked at both of her assisted living facilities and was providing direct care services. R1's medication administration record (MAR) dated August 2025, indicated ULP-F passed R1's	01440		

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01440	Continued From page 22 levothyroxine 50 micrograms (mcg) on August 12, 2025. ULP-D and ULP-F's employee files lacked evidence the licensee's registered nurse (RN) completed direct supervision of staff performing delegated tasks within 30 calendar days. On August 20, 2025, at 11:40 a.m., LALD/CNS-A stated she had hired two registered nurses to manage training and supervision of the ULP for both facilities and was uncertain whether they had been completing the required 30-day supervisory visits as required. The licensee's Supervision of Unlicensed Staff policy dated February 1, 2023, indicated direct supervision of home health aides performing delegated tasks will be provided within 30 days after the individual begins working for the assisted living provider and thereafter as needed based on performance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01500 SS=D	144G.63 Subd. 5 Required annual training (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 training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557;	01500		

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01500	Continued From page 23 (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (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; (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; (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 (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (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: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations,	01500		

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01500	Continued From page 24 isolation, and depression; or (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for one of one employee (unlicensed personnel (ULP)-D). This practice resulted in a level two violation (a violation that did not harm a client'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: ULP-D began providing direct care services for the licensee on March 6, 2017. ULP-D's employee file included 9.25 hours of Educare (the licensee's online training program) training; however, the record lacked evidence the employee had successfully completed annual training to include the following required topics: - review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;	01500		

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01500	Continued From page 25 - 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; - 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; - 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 - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. On August 20, 2025, at 12:45 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-D's record was missing the required trainings as listed above, and she would need to review what she had assigned to ULP-D for training to ensure she was assigning correctly. The licensee's Staff Orientation and Education policy dated February 1, 2023, indicated all staff providing assisted living through [licensee name] will be prepared to provide safe, effective services to all residents through a thorough orientation and education program pertinent to the needs of the residents All staff providing assisted living services will complete at least	01500		

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01500	Continued From page 26 eight (8) hours of education for every twelve (12) months of employment. Education topics will include, but not be limited to, the following: a. Reporting of maltreatment of adults b. Review of Assisted Living Bill of Rights and staff responsibilities related to ensuring the exercise and protection of those rights c. Review of the organization's policies and procedures related to provision of assisted living services and how to implement them d. Infection control techniques used in the home i. Implementation of infection control standards based on current recommendations per the CDC***** ii. Hand washing techniques iii. Need for/use of personal protective equipment (PPE), including: 1. Gloves 2. Gowns 3. Masks iv. Appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes and razor blades v. Disinfection of reusable equipment vi. Disinfection of environmental surfaces vii. Reporting of communicable diseases e. 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 f. The principles of person-centered planning and service delivery and how they apply to direct support services provided by staff No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		

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	35520	A. BUILDING: _____ B. WING _____	08/20/2025

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01530 SS=F	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to	01530		

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01530	Continued From page 28 mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct care staff received the required amount of dementia care training in the required time frame for two of two unlicensed personnel (ULP-D, ULP-F). Furthermore, the licensee failed to ensure direct care staff received the required 2 hours of initial training on mental illness and de-escalation topics within 160 hours of start date for two of two employees (ULP-D, ULP-F). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP-D ULP-D was hired on March 6, 2017, to provide direct care services to the licensee's assisted living residents. On August 19, 2025, at 7:15 a.m., the surveyor observed ULP-D setting up and administering one oral medication to R1. ULP-D also checked R1's vital signs (temperature, pulse, and blood	01530		

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01530	Continued From page 29 pressure). ULP-D's employee file/Educare training transcript dated August 18, 2025, indicated she completed one hour of her annual dementia related training and 1.5 hours of initial mental health training. The licensee failed to ensure ULP-D completed the required minimum two hours of annual dementia related training; furthermore, ULP-D's employee file lacked evidence she completed two hours of initial mental health training with the required content including: - recognizing symptoms of common mental illness diagnoses, including but not limited to mood disorders, anxiety disorders, trauma- and stressor-related disorders, personality and psychotic disorders, substance use disorder, and substance misuse; - de-escalation techniques and communication; and - crisis resolution and suicide prevention, including procedures for contacting county crisis response teams and 988 suicide and crisis lifelines. ULP-F ULP-F was hired on March 1, 2025, to provide direct care services to the licensee's assisted living residents. On August 19, 2025, at 3:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-F worked at both of her assisted living facilities and was providing direct care services. On August 20, 2025, at 12:40 p.m., administrator (A)-C stated ULP-F had worked 702.75 hours	01530		

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01530	Continued From page 30 since his hire date. ULP-F's employee file/Educare training transcript dated August 18, 2025, indicated he completed 2.5 hours of dementia training prior to the start of survey and 2.25 hours on the day survey started. The licensee failed to ensure ULP-F completed the required eight hours of training within 160 hours of employment. ULP-F's employee file/Educare training transcript dated August 18, 2025, lacked evidence of any initial mental health training content, including the required two hours of mental health training within 160 hours of employment. On August 20, 2025, at 12:40 p.m., LALD/CNS-A stated she just became aware ULP-F was behind on his dementia training and stated he completed a couple courses after the start of survey. LALD/CNS-A further stated she was not certain about which mental health trainings were required. The licensee's Dementia Education training policy dated February 1, 2023, indicated direct care employees must have completed at least eight (8) hours of initial education** within 160 working hours of the employment start date in the following topics: a. An explanation of Alzheimer's Disease and other dementias b. Assistance with activities of daily living (ADLs) c. Problem solving with challenging behaviors d. Communication skills e. Person-centered planning and service delivery	01530		

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01530	Continued From page 31 The policy further indicated direct care employees will complete at least two (2) hours of education on topics related to dementia for each twelve (12) months of employment thereafter. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01650 SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and	01650		

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01650	Continued From page 32 declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included all required content for one of one resident (R1) who received services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 started receiving services from the licensee on June 28, 2021, with diagnoses including mental retardation, dwarfism, history of Grave's disease (high thyroid levels) with removal of thyroid gland. R1's Service Plan dated February 14, 2023, indicated he received services including assistance with bathing, dressing, meal assistance, medication administration/management, safety checks, and daily vital signs (temperature, pulse respirations, oxygen saturations), and weekly weights. On August 19, 2025, at 7:15 a.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's morning medication and	01650		

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01650	Continued From page 33 completed a set of vital signs. At 9:20 a.m., ULP-D completed a bed bath for R1, dressed him, and transferred him to his wheelchair using a Hoyer lift. ULP-D then escorted R1 to the dining area and fed him breakfast. ULP-D stated due to R1's dwarfism (with very short arms), he required full assistance with all cares, meals, transfers, and wheeling his chair. ULP-D further stated R1 had limited communication skills but could answer "yes" and "no" to questions. R1's comprehensive assessment dated July 12, 2025, indicated R1 was unable to walk or transfer himself and required use of a Hoyer lift (mechanical lift). R1 was unable to self-propel his wheelchair and required assistance with all mobility. R1 was unable to reposition himself in bed and required assistance turning and repositioning in bed, every two hours. R1's service plan lacked all services received including: - transfers with Hoyer lift; - assistance with wheeling wheelchair; and - assistance with repositioning every two hours while in his bed or wheelchair. The licensee failed to include a description of these services, the fees for services, and the frequency of the services, and the identification of staff or categories of staff who will provide the services, as required. On August 20, 2025, at 12:05 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she was not aware these services were needed on the service plan; however, she would get them added to reflect all services provided to R1.	01650		

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01650	Continued From page 34 The licensee's Service Plan policy dated February 1, 2023, indicated beginning with the date assisted living services are first provided, a service plan is developed for the resident based on an agreement with the resident/responsible party and on the assessed needs identified in the comprehensive assessment. The service plan includes the following: - a description of the services to be provided; the service description may be in the form of the resident's care plan developed with the resident/responsible party; - the fees for services and the frequency of each service according to the resident's current review or assessment and resident preferences; and - the identification of the staff or categories of staff who will provide the services No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a	01790		

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01790	Continued From page 35 medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was	01790		

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01790	Continued From page 36 completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee's registered nurse (RN) failed to ensure training and competency evaluations for preparing medications for resident unplanned times away were completed as required for two of two unlicensed personnel (ULP-D, ULP-F). 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 the residents). The findings include: ULP-D ULP-D was hired on March 6, 2017, to provide direct care services to the licensee's assisted living residents. On August 19, 2025, at 7:15 a.m., the surveyor observed ULP-D setting up and administering one oral medication to R1. ULP-D also checked R1's vital signs (temperature, pulse, and blood pressure).	01790		

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01790	Continued From page 37 On August 19, 2025, at 2:00 p.m., ULP-D stated she had previously set up medications for residents who were leaving the facility. ULP-D stated she "thought the nurse had told her how to do it." ULP-F ULP-F was hired on March 1, 2025, to provide direct care services to the licensee's assisted living residents. On August 19, 2025, at 3:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-F worked at both of her assisted living facilities and was providing direct care services. R1's medication administration record (MAR) dated August 2025, indicated ULP-F passed R1's levothyroxine 50 micrograms (mcg) on August 12, 2025. ULP-D and ULP-F's records lacked evidence to indicate the RN provided training and determined competency to prepare and administer medications to residents for unplanned times away. On August 20, 2025, at 12:40 p.m., LALD/CNS-A stated she was not aware of this subject within the medication training curriculum as taught by the registered nurse. LALD/CNS-A further stated the ULP could set up medications for unplanned time away from the facility, and she had given verbal training of the process to some staff but had not documented the training. The licensee's Medication Management Plan for	01790		

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01790	Continued From page 38 Residents Away from Home policy dated February 1, 2023, indicated for unplanned times away from home for temporary periods when an adequate medication supply cannot be obtained from the pharmacy or set up by the Registered Nurse in a timely manner, the Registered Nurse may delegate to an unlicensed personnel (home health aide) to provide the medications based on the following: a. The RN has trained the home health aide and determined the home health aide competency to follow procedures for giving medications to residents b. The Registered Nurse has instructed the home health aide to ensure that all appropriate precautions are taken No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for all medications the provider managed for one of one resident (R1). This practice resulted in a level two violation (a	01820		

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01820	Continued From page 39 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: R1 started receiving services from the licensee on June 28, 2021, with diagnoses including mental retardation, dwarfism, history of Grave's disease (high thyroid levels) with removal of thyroid gland. R1's Service Plan dated February 14, 2023, indicated he received services including assistance with medication administration/management. On August 19, 2025, at 7:15 a.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's morning medication and complete a set of vital signs. R1's record included signed medication orders dated March 22, 2023, June 16, 2025, and July 21, 2025, and included: -ketoconazole shampoo, apply to scalp 1-2 times weekly as needed for redness and flaking skin -Zeosorb 2% topical cream, apply to skin fold areas twice daily as needed for itching skin and irritation -levothyroxine 50 micrograms (mcg), give one tablet daily R1's medication administration record (MAR)	01820		

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01820	Continued From page 40 dated August 2025, also included the following: Senoxen-S 8.6-50 milligrams (mg), give one tablet daily as needed for constipation R1's record lacked a signed physician order for the Senoxen-S. On August 19, 2025, at 2:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she was sure there was a signed order; however, she could not locate one. The licensee's Prescriber's Orders policy dated February 1, 2023, indicated written orders from an authorized prescriber will be obtained for all medications and treatments with which the assisted living facility assists residents, including over the counter medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01830 SS=D	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to renew prescriptions at least every 12 months for one of one resident (R1).	01830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35520	A. BUILDING: _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT HOME MINNESOTA LLC	8668 ALVARADO COURT INVER GROVE HEIGHTS, MN 55077

(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
01830	Continued From page 41 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: R1 started receiving services from the licensee on June 28, 2021, with diagnoses including mental retardation, dwarfism, history of Grave's disease (high thyroid levels) with removal of thyroid gland. R1's Service Plan dated February 14, 2023, indicated he received services including medication administration/management. On August 19, 2025, at 7:15 a.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's morning medication and completed a set of vital signs. R1's medication administration record (MAR) dated August 2025, included the following medications: -ketoconazole shampoo, apply to scalp 2 times weekly as needed for redness and flaking skin -Zeosorb 2% topical cream, apply to skin fold areas twice daily as needed for itching skin and irritation -levothyroxine 50 micrograms (mcg), give one tablet orally daily R1's record included a signed provider's order for	01830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35520	A. BUILDING: _____ B. WING _____	08/20/2025

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01830	Continued From page 42 levothyroxine dated March 22, 2023; however, the record lacked evidence the levothyroxine order was renewed annually as required. On August 19, 2025, at 12:05 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she was certain R1's levothyroxine order was renewed; however, must have been misplaced. The licensee's Prescriber's Orders policy dated February 1, 2023, indicated medication and treatment orders will be renewed at least every year or when changes occur. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01830		

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

GREAT HOME MINNESOTA LLC
8668 ALVARADO COURT
Inver Grove Heights, MN 55077
Dakota County
Parcel:

Phone:

License Info

License: HFID 35520

Risk:
License:
Expires on:
CFPM: JOVELINE D. OBAY
CFPM #: 54897; Exp: 1/13/2028

Inspection Info

Report Number: F1036251076
Inspection Type: Full - Single
Date: 8/19/2025 Time: 11:44:45 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: OBSERVED SEVERAL TCS FOODS IN THE FRIDGE THAT WERE OVER 41 DEGREES F. ADVISED TO TURN DOWN UNIT AND MONITOR TEMP AND NOT KEEP AND TCS ITEMS UNTIL UNIT IS SERVICED AND MAINTAINING PROPER TEMPS.
Comply By: 8/19/2025 Originally Issued On: 8/19/2025

Food & Beverage General Comment

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS DEB JACOBSON. INSPECTION CONDUCTED IN PRESENCE OF RON, THE PERSON IN CHARGE.

THIS FACILITY DOES NOT HAVE COMMERCIAL GRADE ANSI EQUIPMENT. ALL FOOD MUST BE SERVED THE SAME DAY IT IS PREPARED, AND LEFTOVERS CAN NEVER BE SAVED.

FOOD SERVICE AREA FLOORS, WALLS, CEILINGS, COUNTERTOPS, AND FINISH MATERIALS MUST BE NON-ABSORBANT, SMOOTH, DURABLE, AND EASILY CLEANABLE. CEILINGS CANNOT HAVE POPCORN TEXTURE. CABINETS CANNOT HAVE HOLLOW BASES. EXPOSED WOOD IS NOT APPROVED FOR FOOD SERVICE AREAS. WOOD IS NOT AN APPROVED FOOD CONTACT SURFACE.

DISCUSSED ALL ORDERS ON SITE IN ADDITION TO THE FOLLOWING WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- HAND WASHING POLICY AND REVIEW.
- PROPER FOOD STORAGE.
- GLOVE USAGE.
- THERMOMETER USE AND CALIBRATION.
- DATE MARKING.
- PEST CONTROL.

- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS.
- ANSI 184 STANDARD FOR RESIDENTIAL DISH WASHER.

**IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.
FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

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 F1036251076 from 8/19/2025

Jeff Johanson

RON
PERSON IN CHARGE

Jeff Johanson,
Public Health Sanitarian 1
651-201-4349
jeff.johanson@state.mn.us