



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 29, 2026

Licensee

Horizon Assisted Living Inc
3136 Bloomington Avenue
Minneapolis, MN 55407

RE: Project Number(s) SL41052001

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on August 20, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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

Per 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 residents/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 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 the Department of Health 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.

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

If you have any questions, please contact me.

Sincerely,



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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2026
NAME OF PROVIDER OR SUPPLIER HORIZON ASSISTED LIVING INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3136 BLOOMINGTON AVENUE MINNEAPOLIS, MN 55407			
(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: SL #41052001-0 On August 17, 2026, through August 20, 2026, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 2 residents, both of whom were receiving services under the provider's provisional Assisted Living Facility license. On August 19, 2026, an immediate correction order was issued for tag identification 2310.		0 000	Minnesota Department of Health is documenting the State Licensing 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 pursuant to 144G.31 Subd. 1, 2 and 3.	
0 650 SS=D	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		0 650		

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

TITLE

(X6) DATE

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0 650	Continued From page 1 records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the employee record contained the required content, including documentation of supervision done within 30 days after the individual began performing delegated tasks for one of three employees (owner/unlicensed personnel (O/ULP)-A). 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	0 650			

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0 650	Continued From page 2 situation has occurred only occasionally). The findings include: O/ULP-A began providing direct care services on March 2, 2026. On August 18, 2026, at 7:55 a.m., the surveyor observed O/ULP-A assisting R2 with medication administration and blood sugar monitoring. O/ULP-A stated the registered nurse (RN) had observed him assisting with medication administration within 30 days of first providing services. R2's Service Recap Summary for March and August 2026, indicated O/ULP-A first assisted R2 with medication administration on March 5, 2026, at bedtime. O/ULP-A's employee record lacked documentation of being supervised within 30 days of first performing delegated tasks. On August 19, 2026, at 9:14 a.m., licensed assisted living director/RN (LALD/RN)-C stated she had completed the 30-day supervision for O/ULP-A but had misplaced the documentation. The licensee's Personnel Records policy dated February 3, 2025, indicated the employee record would contain documentation of completed orientation and performance reviews and competency evaluations as required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650			

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0 660	Continued From page 3	0 660			
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline TB screening by completion of a two-step tuberculin skin test (TST), TB blood test, or documented history of positive TB test with the required follow up chest x-ray for one of three employees (owner/unlicensed personnel (O/ULP)-A). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and	0 660			

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0 660	Continued From page 4 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: The licensee's Facility TB Risk Assessment dated March 3, 2026, indicated the facility was at a low risk for TB transmission. O/ULP-A began providing direct care services for the licensee's initial resident on March 2, 2026. On August 18, 2026, at 7:55 a.m., the surveyor observed O/ULP-A assisting R2 with medication administration and blood sugar monitoring. O/ULP-A's record included a negative TB skin test (TST) dated October 13, 2025, but lacked documentation of a second-step TST, TB blood test, or documented history of positive TB test with the required follow up chest x-ray. On August 19, 2026, at 9:20 a.m., clinical nurse supervisor (CNS)-B stated O/ULP-A had not had a second step TST done and she was not sure why it had not been completed. On August 19, 2026, at 9:25 a.m., O/ULP-A stated they were told they only needed a single TB test and that is why the second-step TST had not been completed. The licensee's Tuberculosis Screening/Prevention policy dated February 3, 2025, indicated baseline screening for TB would include either a two-step TST or a single TB blood test. If the employee had proof of a TB blood test or negative chest x-ray within 90 days	0 660			

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0 660	Continued From page 5 of employment, it would not have to be repeated at the time of hire. The policy lacked an indication that a documented history of a positive TB test was required with a follow up chest x-ray. The CDC's Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC dated May 17, 2019, recommended all health care professionals complete a TB screening including a symptom evaluation and an IGRA or TST. Health care workers with written documentation of a previous positive TST or IGRA should have documented in their record: test results, assessment for current TB symptoms and a related chest x-ray. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
0 730 SS=F	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	0 730			

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0 730	Continued From page 6 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 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 resident records included documentation of services provided for one of two residents (R2).	0 730			

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0 730	Continued From page 7 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: R2 was admitted on March 2, 2026. R2's Service Plan dated May 31, 2026, indicated R2 received services including assistance with activities of daily living (ADLs), medication administration and blood sugar monitoring. On August 18, 2026, at 7:55 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-A assisting R2 with medication administration and blood glucose monitoring. R2's Service Recap Summary, dated August 20, 2026, was identified by clinical nurse supervisor (CNS)-B as documentation of services the licensee provided for R2 August 1-19. The Service Recap Summary document included a line item for each service to be provided by the licensee and a box for every date and time of day where the staff member who completed the service would initial when the service was provided or circle their initials when a service was not provided. If no initials were present in a box, it indicated the service was not provided. R2's Service Recap Summary included boxes with no indication whether services were provided as agreed upon in R2's Service Plan, or that the services were refused, including the following:	0 730			

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0 730	Continued From page 8 -August 1-3, 6, 8, 10, 13, 15, 17: 13 of 56 scheduled services, -August 4: 11 of 56 scheduled services, -August 5, 12: 18 of 56 scheduled services, -August 7, 11, 16: 14 of 56 scheduled services, -August 14: 10 of 56 scheduled services. On August 18, 2026, at 9:45 a.m., CNS-B stated staff had verbalized to her that services were being provided, but she was not able to tell from the documentation. CNS-B stated there was something wrong with their electronic medical record system and they needed to have it fixed. CNS-B further stated she would work with the company to have the issue fixed and provide more education for her and her staff. The licensee's Clinical Records policy dated February 3, 2025, indicated all services would be documented in the resident's record as identified in the service plan. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730			
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for	01730			

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01730	Continued From page 9 each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and maintain a current individualized medication	01730			

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01730	Continued From page 10 management record for each resident to include all required content for one of one resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at 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: R2's diagnoses included Type 2 diabetes. R2's Service Plan dated May 31, 2026, indicated R2 received services including assistance with activities of daily living (ADLs), medication administration and blood sugar monitoring. On August 18, 2026, at 7:55 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-A assisting R2 with medication administration and blood sugar monitoring. R2's record included an Individualized Medication Management Plan completed by the registered nurse (RN) on June 2, 2026. The medication management plan lacked: - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; and -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arose with medication management services.	01730			

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01730	Continued From page 11 On August 19, 2026, at 10:15 a.m., licensed assisted living director/RN (LALD/RN)-C stated the medication management plan was missing some of the required information, and she had not been aware of the entire requirement. The licensee's Assessment of Medications policy dated February 3, 2025, indicated the RN would develop an individualized medication management plan that would include, "a description of medication storage based on resident need, preference, risk of diversion and per manufacturer's direction," and "procedures for notifying the registered nurse or licensed health profession regarding problems arising with medication management services." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, and interview, the licensee failed to ensure medications were stored according to manufacturer's instructions by not ensuring the medication refrigerator was maintained at an appropriate temperature. This had the potential to affect all residents with refrigerated medications.	01880			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
01880	Continued From page 12 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: On August 18, 2026, at 12:45 p.m., the surveyor observed the contents of the licensee's medication refrigerator with clinical nurse supervisor (CNS)-B. The refrigerator contents included a box containing 5 Lantus insulin injector pens (long-acting insulin used to lower blood sugar), and three single Novolog Flex pens (fast-acting insulin used to lower blood sugar). The fridge lacked a thermometer to ensure the medications were stored at the appropriate temperature, according to manufacturer instructions. CNS-B stated they thought there had been a thermometer in the refrigerator, and she was not sure why it was missing. CNS-B further stated they could replace the missing thermometer with an extra one she had upstairs. The manufacturer's prescribing information for the use of Lantus insulin pens, revised June 2023, indicated unopened medication should be refrigerated at 36-46 degrees Fahrenheit (F). The manufacturer's prescribing information for the use of NovoLog, insulin aspart injection, revised February 2023, indicated the medication should be refrigerated at 36-46 degrees F when not in use.	01880			

Minnesota Department of Health

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01880	Continued From page 13 The licensee's Storage/Control of Medications policy dated February 3, 2025, indicated "medications requiring refrigeration are clearly labeled and stored in an enclosed container or area separated from foods. Temperature is maintained at 35-40 degrees." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880			
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy	01940			

Minnesota Department of Health

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01940	Continued From page 14 received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of one resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at 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: R2's diagnoses included Type 2 diabetes. On August 18, 2026, at 7:55 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-A assisting R2 with medication administration and blood sugar monitoring. A provider order dated July 16, 2026, indicated R2 required blood glucose monitoring three times daily. R2's Service Plan dated May 31, 2026, indicated	01940			

Minnesota Department of Health

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01940	Continued From page 15 R2 received services including assistance with activities of daily living (ADLs), medication administration and blood sugar monitoring. R2's individual treatment and therapy management plan lacked: -procedures for notifying a registered nurse (RN) or appropriate licensed health professional when a problem arises with treatments or therapy services. On August 19, 2026, at 10:15 a.m., licensed assisted living director/RN (LALD/RN)-C stated the individual treatment and therapy management plan was missing some of the required information, and she had not been aware of the entire requirement. The licensee's Treatment and Therapy Management Plan policy dated February 3, 2025, indicated the individualized treatment or therapy management plan for each resident would address procedures for notifying the RN or licensed health professional when a problem arose related to the treatment or therapy service. No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	01940			
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.	02310			

Minnesota Department of Health

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02310	Continued From page 16 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care standards, medical or nursing standards for one of one resident (R2) who utilized hospital style side bed rails. 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: R2 was admitted on March 2, 2026, and had diagnoses which included Type 2 diabetes, major depressive disorder, and adult failure to thrive. On August 18, 2026, at 7:55 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-A assist R2 to their room and into a recliner. The surveyor observed R2 make needs known while O/ULP-A assisted with obtaining blood pressure reading and getting a blood sugar level. In R2's room, the surveyor also observed a hospital-style bed with bilateral (both sides) upper bed rails. The bed rail on the right side of the bed was in the upright position and the rail on the left was in the lowered position. R2's medical records included a Side-Rail Use Assessment Form dated May 31, 2026. The	02310	During the survey, the licensee took appropriate action to minimize the immediate harm to residents.		

Minnesota Department of Health

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02310	Continued From page 17 assessment included a measurement for Zone 3, but lacked the following required content: -accurate documentation of measurements of Food and Drug Administration (FDA)-identified zones of entrapment. In addition, a nursing assessment dated May 31, 2026, included a Bed Safety Assessment under section titled Safety - Bed Safety Zones (Hospital Bed System ONLY), and indicated. "Zone 1: Is the area under the rail, between rail supports, or next to a single rail support less than 4 3/4 inches (note measurements in note field): Zone 1: is hospital bed and zone one is safe for client." The Bed Safety Assessment lacked documentation of measurements of Food and Drug Administration (FDA)-identified zones of entrapment. On August 19, 2026, at 10:05 a.m., clinical nurse supervisor (CNS)-B stated they utilized the Side-Rail Assessment Form for the bed rail documentation they completed. CNS-B stated they measured Zone 3 between the bed rail and the bed as indicated in R2's Side-Rail Assessment. CNS-B further stated they were unsure of the exact zone measurements to be assessed on side rails. The Food and Drug Administration (FDA)'s, A Guide to Bed Safety, dated March 10, 2006, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by	02310			

Minnesota Department of Health

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02310	Continued From page 18 the patient's health care team will help to determine how best to keep the patient safe." The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs), last updated April 17, 2026, indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail; - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements." No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	02310			



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

Food & Beverage Inspection Report

Page: 1

Establishment Info

HORIZON ASSISTED LIVING INC
3136 BLOOMINGTON AVENUE
Minneapolis, MN 55407
Hennepin County
Parcel:

Phone:

License Info

License: HFID 41052

Risk:
License:
Expires on:
CFPM: Muse Mohamud Mohamed
CFPM #: CFPM-57864; Exp:
4/23/2028

Inspection Info

Report Number: F1039261217
Inspection Type: Full - Single
Date: 8/19/2026 Time: 10:40 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

MILK - COLD HOLD, COOLER - 41 DEGREES F
FREEZER - FROZEN

This inspection was completed as part of MDH HRD assisted living facility survey. The inspection was conducted with the person-in-charge and reviewed with MDH HRD nurse evaluator Tammy Carlson.

The kitchen is of residential build and should serve food for same-day service only.

The kitchen has wood cabinets with hollow base and non-commercial facilities finishes including painted walls and ceiling. These kitchen finishes and surfaces are in good repair, clean and well maintained.

A 2-compartment sink is present in kitchen. 1 compartment is designated for handwashing only.

A residential dishwashing machine is present in the kitchen. Performance noted in data table.

Verified hand sink correctly set-up, gloves, illness policy, probe thermometer, sanitizer test strips.

Discussed the following with the person-in-charge: minimum cook temps for animal proteins, food source, foodborne illness symptoms and exclusion of ill employees, avoiding bare hand contact with ready to eat foods, handwashing, sanitizing.

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 F1039261217 from 8/19/2026

Abdirahman Ali
person-in-charge

Aron Goodner,
Public Health Sanitarian

651-201-4910
aron.goodner@state.mn.us



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

Sanitizer Observations/Recordings

Page: 1

Establishment Info

HORIZON ASSISTED LIVING INC
Mineapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1039261217
Inspection Type: Full
Date: 8/19/2026
Time: 10:40 AM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Greater Than 160 Degrees F.

Comment: by weekly test sticker log kept by establishment

Violation Issued?: No