Electronically Delivered

May 11, 2026

Licensee
Heritage of Edina Inc
3434 Heritage Drive
Edina, MN 55435

RE: Project Number(s) SL35017016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 10, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

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

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

Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

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

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 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
	35017	A. BUILDING: _____ B. WING _____	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE OF EDINA INC	3434 HERITAGE DRIVE EDINA, MN 55435

(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: SL35017016-0 On April 6, 2026, through April 10, 2026, the Minnesota Department of Health conducted a change of ownership (CHOW) survey at the above provider. At the time of the survey, there were 57 residents; 57 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 6, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of three residents (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 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:	0 630		

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0 630	Continued From page 4 R2 was admitted to the facility on February 22, 2016, and began receiving assisted living services on August 1, 2021. R2's diagnoses included congestive heart failure. R2's service plan, dated August 1, 2021, indicated R2 received services including daily assistance with medication management. The Vulnerability Assessment/Abuse Prevention Plan section of R2's most recent comprehensive assessment, dated February 6, 2026, described R2 as verbally aggressive with others at times, but lacked interventions to mitigate R2's risk of abusing others. R2's IAPP did not identify R2's susceptibility to self-abuse and abuse by another individual, including other vulnerable adults, and statements of the specific measures to be taken to minimize the risk of abuse to R2. On April 7, 2026, at approximately 11:00 a.m., clinical nurse supervisor (CNS)-B stated she was not aware of all requirements for IAPPs and the IAPP form for all residents in the facility had the same format as R2's IAPP. The licensee's 2.44 Vulnerable Adult Maltreatment-Prevention and Reporting policy, dated August 1, 2021, directed an individualized vulnerable adult abuse prevention plan be developed for residents to identify vulnerability risks and develop measures to minimize maltreatment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	0 630		

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0 630	Continued From page 5 days	0 630		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated April 8, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		

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0 790	Continued From page 6	0 790		
0 790 SS=F	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated April 8, 2026, for the specific violations related the physical environment under Minnesota Statute	0 790		

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0 790	Continued From page 7 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790		

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

Heritage Of Edina Inc
3434 HERITAGE DRIVE
Edina, MN 55435
Hennepin County
Parcel:

Phone:

License Info

License: HFID 35017

Risk:
License:
Expires on:
CFPM: Preetha Kurian
CFPM #: 10010; Exp: 6/16/2026

Inspection Info

Report Number: F7963261057
Inspection Type: Full - Single
Date: 4/6/2026 Time: 2:56:31 PM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 2
Delivery: Emailed

! **New Order: 2-200 Employee Health**
2-201.11C *Priority Level: Priority 1 CFP#: 3*
MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.
COMMENT: NO EMPLOYEE ILLNESS LOG AVAILABLE FOR REVIEW DURING INSPECTION. BLANK LOG PROVIDED DURING INSPECTION.
Comply By: 4/6/2026 Originally Issued On: 4/6/2026

New Order: 5-200C Plumbing: Maintenance, fixture location
5-205.11AB *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.
COMMENT: HAND SINK IN DISH ROOM HAD BEEN REMOVED. REINSTALL A HAND SINK IN DISH ROOM AND STOCK WITH SINGLE USE PAPER TOWELS, SOAP AND A HAND WASH REMINDER SIGN.
Comply By: 4/27/2026 Originally Issued On: 4/6/2026

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.14A *Priority Level: Priority 3 CFP#: 10*
MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: MISSING HAND WASH REMINDER SIGN AT MAIN HAND SINK.
Comply By: 4/6/2026 Originally Issued On: 4/6/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.11 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1515 Maintain the physical facilities in good repair.
COMMENT: BROKEN WALL TILE ABOVE THREE COMPARTMENT SINK. REPAIR/REPLACE.
Comply By: 5/6/2026 Originally Issued On: 4/6/2026

Food & Beverage General Comment

MET WITH DIRECTOR OF DIETARY PREETHA KURIAN AND ASST LIVING DIRECTOR PATTY SHUMAKER. MDH NURSE SURVEYOR FOR THIS SURVEY ROBYN WOOLEY. DISCUSSED THE FOLLOWING-

-EMPLOYEE ILLNESS POLICY AND LOG
-REPORTABLE DISEASES
-HAND SINK LOCATIONS AND STOCKING REQUIREMENTS

-USE OF THREE COMPARTMENT SINK FOR FOOD PREP/FOOD THAWING
-COLD HOLDING
-PHYSICAL FACILITIES

THIS IS A COMMERCIAL KITCHEN LOCATED IN THE REMBRANDT BUILDING (3434 HERITAGE DR).

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 F7963261057 from 4/6/2026

Preetha Kurian
PIC

Peggy Spadafore,
Public Health Sanitarian Supervisor
651-201-3979
peggy.spadafore@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Heritage Of Edina Inc
Edina
County/Group: Hennepin County

Inspection Info

Report Number: F7963261057
Inspection Type: Full
Date: 4/6/2026
Time: 2:56:31 PM

Food Temperature: Product/Item/Unit: FISH PATTY**; Temperature Process:**
Location: HOT HOLDING at 156 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: BEEF BARLEY SOUP**; Temperature Process:**
Location: SOUP KETTLE at 174 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: TURKEY**; Temperature Process:**
Location: 2 DOOR BLUE AIR at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CUT LETTUCE**; Temperature Process:**
Location: 2 DOOR BLUE AIR at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:**
Location: 2 DOOR AURORA at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:**
Location: 1 DOOR TRUE at 39 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

Heritage Of Edina Inc
Edina
County/Group: Hennepin County

Inspection Info

Report Number: F7963261057
Inspection Type: Full
Date: 4/6/2026
Time: 2:56:31 PM

Sanitizing Chemical: Product: Quaternary Ammonia**; Sanitizing Process:**
Location: SANI DISPENSER **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: Product: Hot Water**; Sanitizing Process:**
Location: DISHWASHER RINSE **Equal To** 164 Degrees F.
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL35017016	**Date:** 4/8/2026
Facility Name: Heritage of Edina	
Facility Address: 3434 Heritage Dr., Edina	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. Incidental use areas shall be separated from the rest of the building. Incidental use areas are defined as shops, laboratories containing hazardous materials, laundry rooms exceeding 100 square feet in size, and rooms containing boilers or central heating plants where the largest piece of fuel equipment exceeds 400,000 BTU per hour input. [Minn. Stat. 144G.45 subd. 2; MSFC 1105.3]

   Comments: There was not proper separation between the trash room/recycling room containing a boiler and the lower-level hallway of the facility. There were gaps and holes in the walls of the trash room where conduit and plumping penetrated the walls. Penetrations were left open and were not closed with rated materials, preventing proper separation. Proper separation should be restored and maintained between the trash room and the rest of the facility.

3. Fire doors shall be maintained to be self-closing and latch as designed. Fire doors shall not be blocked, obstructed, or otherwise made inoperable. [Minn. Stat. 144G.45 subd. 2; MSFC 705]

   Comments: The 3-hour rated fire door to the trash room/recycling room was propped open with a door stop which prevented the door from closing and latching. Several offices on the first floor had rated doors that were propped open with a door stop which prevented the door from closing and latching properly. Fire doors should be maintained free of obstruction.

4. In buildings protected by automatic sprinklers or automatic fire detectors, suspended or removable ceiling tiles shall be maintained in place to prevent the delay in sprinkler or detector activation. [Minn. Stat. 144G.45 subd. 2; MSFC 901.11]

Comments: Drop tiles were absent around the sprinkler head in the hallway and several maintenance closets around the lower-level of the facility, thus leaving a space around the sprinkler heads and potentially delaying the initiation of the heads in event of a fire.

5. Where smoking is permitted, suitable noncombustible ashtrays or match receivers shall be provided on each table and at other appropriate locations. [Minn. Stat. 144G.45 subd. 2; MSFC 310.6]

   Comments: Improperly discarded smoking materials were observed on the ground near a seating bench in the front of the property and on the floor of the third-floor balcony. There were also significant burn marks on the carpet of the second-floor balcony. No other appropriate smoking receptacles were provided in the area. All smoking materials should be properly discarded in approved receptacles.

6. Fire detection and alarm systems, emergency alarm systems, gas detection systems, fire-extinguishing systems, mechanical smoke exhaust systems and smoke and heat vents shall be maintained in an operative condition at all times and shall be replaced or repaired where defective. [Minn. Stat. 144G.45 subd. 2; MSFC 901.6]

   Comments:

   The main standpipe for the sprinkler system was significantly corroded and deteriorated. The sprinkler system was not maintained in proper condition and should be repaired or replaced. The annual sprinkler system report noted the condition of the riser was poor and called for corroded components to be replaced. The system should be restored to proper condition and maintained in working order by licensed professionals.

   The hydraulic information placard attached to the system riser was missing most of the required information. Placards should be maintained with all relevant data and information on the system. Licensed assisted living director indicated a water leak had erased the information previously.

   The sprinkler head wrench was not present in the box during survey. The sprinkler head box should be maintained in proper condition and organized with all required tools inside.

7. Fire protection systems shall be maintained in accordance with the original installation standards for that system. Required systems shall be extended, altered or augmented as necessary to maintain and continue protection where the building is altered, remodeled or added to. Alterations to fire protection systems shall be done in accordance with applicable standards. Fire detection and alarm systems, emergency alarm systems, gas detection systems, fire-extinguishing systems, mechanical smoke exhaust systems and smoke and heat vents shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed. Any device that has the physical appearance of

life safety or fire protection equipment but that does not perform that life safety or fire protection function shall be prohibited. [Minn. Stat. 144G.45 subd. 2; MSFC 901.4, MSFC 901.6, MSFC 901.4.5]

Comments:

There were a significant number of devices which appeared to be older model smoke detectors that were installed in resident rooms, closets and hallways throughout the building but were not in service according to annual inspection reports and facility staff. An older model fire panel was present in the hallway near the main entrance but was not in service. Facility staff indicated these detectors and the panel were no longer in use and did not function. Newer model smoke detectors and fire panel were present in the facility and appeared operational based on the annual inspection reports. Fire protection devices or devices that appear to be fire protection devices should be maintained or removed if not required.

The exit stairwells were equipped with controlled egress devices including maglocks and number pads locks that were not in service. Controlled egress devices that are not in use should be removed to avoid confusion when egressing the building.

8. Clothes dryers and their exhaust systems shall be cleaned as necessary to keep lint traps, exhaust ducts, and mechanical and heating components free from excessive lint accumulation. [Minn. Stat. 144G.45 subd. 2; MSFC 304.4]

   Comments: The clothing dryer in the lower-level laundry room had a significant buildup of lint. The accumulated lint may pose a risk of fire. The lint should be cleaned up and the area maintained free of lint.

9. Multiplug adapters, such as cube adapters, unfused plug strips or any other device not complying with NFPA 70 shall be prohibited. [Minn. Stat. 144G.45 subd. 2; MSFC 604.4]

   Comments: Unapproved multiplug adapters were in use to power multiple electronics in the server room in the lower-level server room and in the second-floor library. Unapproved multiplug adapters should be removed.

10. Single- and multiple-station smoke alarms shall be replaced when they fail to respond to operability tests or exceed ten years from the date of manufacture. Smoke alarms shall be replaced with smoke alarms having the same type of power supply. [Minn. Stat. 144G.45 subd. 2; MSFC 1103.8.1]

    Comments: The smoke alarm installed in resident room 405 was manufactured in 2009 and was past its date of expiration. Smoke alarms should be replaced when they exceed ten years from date of manufactured and should be maintained in proper working order.

☒ **TAG IDENTIFICATION: 0790**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Portable fire extinguishers installed and maintained to MN State Fire Code. [Minn. Stat. 144G.45 subd.2]

   Comments:

   The licensee failed to provide records of monthly staff inspections of fire extinguishers. Fire extinguishers should be inspected visually by staff at least once a month and those inspections should be recorded.

   The extinguisher supplied in the kitchen did not have a current annual service tag. The kitchen extinguisher was last serviced in 2024. All extinguishers should be serviced annually by licensed contractors to ensure proper operation.