



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

January 28, 2026

Licensee  
New Perspective Arden Hills  
3565 Pine Tree Drive  
Arden Hills, MN 55112

RE: Project Number(s) SL39608016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 15, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$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>**

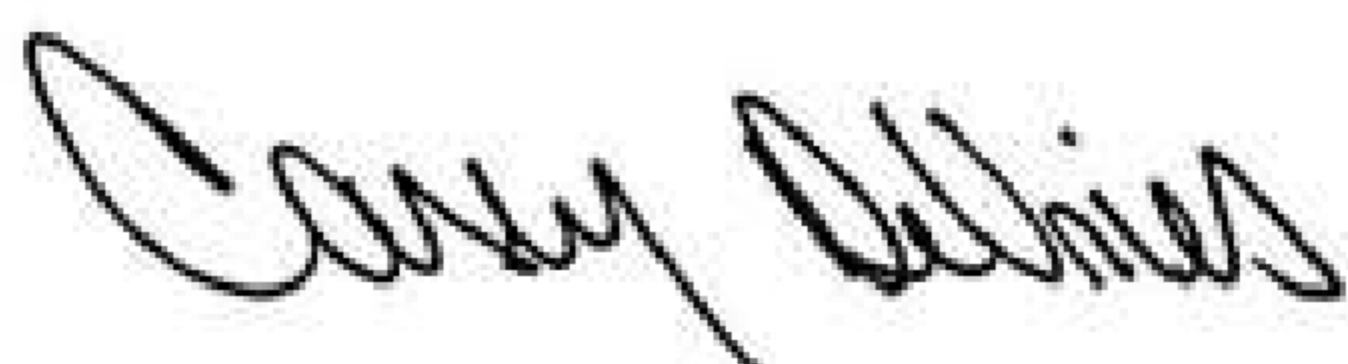
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms 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](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor

State Evaluation Team

Email: [Casey.DeVries@state.mn.us](mailto:Casey.DeVries@state.mn.us)

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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE ARDEN HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3565 PINE TREE DRIVE ARDEN HILLS, MN 55112</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p><b>INITIAL COMMENTS:</b></p> <p><b>SL39608016-0</b></p> <p>On January 12, 2026, through January 15, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 138 residents; 88 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag."The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
0 480 SS=F	<b>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</b>	0 480		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;</p> <p>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;</p> <p>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;</p> <p>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are</p>	0 480		
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0 480	<p>Continued From page 2</p> <p>allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated January 12, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee on January 14, 2026.</p>	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		
0 510 SS=F	<p><b>144G.41 Subd. 3 Infection control program</b></p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complied with accepted health care, medical and nursing standards for infection control. The deficient practice had the potential to affect all residents, employees, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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).</p>	0 510		

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0 510	<p>Continued From page 4</p> <p>The findings include:</p> <p>On January 12, 2025, at 11:10 a.m., the surveyor observed unlicensed personnel (ULP)-B check R2's blood glucose (BG) and administer their medication in R2's room. ULP-B stated they washed their hands prior to starting the medication administration. The surveyor observed ULP-B drop a blue lancet (single use needle device used for a finger stick) which rolled under the medication cart; they picked up the lancet and gathered their BG check supplies, and medication cup filled with medication. ULP-B entered R2's room. Without performing hand hygiene, ULP-B handed R2 their medication cup; R2 picked up the medication cup and took their medications. ULP-B stated they forgot R2's BG glucometer (device used to check BG levels), exited the room by touching the doorhandle, removed R2's glucometer from the medication cart then reentered R2's room. Without performing hand hygiene, ULP-B applied gloves to both of their hands soiling the gloves. With soiled gloves, ULP-B used an alcohol wipe on R2's finger to clean it for a finger stick. With soiled gloves, ULP-B used the blue lancet on R2's left index finger. With soiled gloves, ULP-B left R2's room touching the doorhandle. Outside of the room ULP-B had the used blue lancet and alcohol wipe in their gloved right hand. ULP-B removed their soiled gloves by turning them inside out and wrapped the used blue lancet and alcohol wipe inside of the used gloves then put the used gloves inside their pocket. Without performing hand hygiene, ULP-B began preparing and touching R6's BG glucometer and insulin pen.</p> <p>On January 12, 2026, at 11:18 a.m., the surveyor questioned ULP-B if they should have used the</p>	0 510		
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0 510	<p>Continued From page 5</p> <p>dropped lancet. ULP-B stated, "probably not." ULP-B stated they did not remove their gloves before leaving R2's room because they needed the gloves to be able to wrap the garbage and lancet in it. ULP-B stated there wasn't a sharps container (a puncture resistant container for used needles) at the medication cart and would need to go down the hall to dispose of the used lancet later. The surveyor questioned their training for when to perform hand hygiene and safe needle disposal; ULP-B did not answer the question and again stated they did not remove their gloves before leaving the room because they needed them to put the garbage and used lancet in by turning the gloves inside out. ULP-B stated it would be helpful to have a sharps container available at the medication cart. ULP-B stated they had all of their training but were unable to explain proper hand hygiene procedure. The surveyor observed the sharps container had been removed from the medication cart.</p> <p>On January 14, 2026, at 11:16 a.m., clinical nurse supervisor (CNS)-A stated ULP-B should not have used the dropped lancet on R2 due to infection control concerns. CNS-A stated staff were trained to perform hand hygiene before they applied gloves and after they removed them. CNS-A stated ULP-B should have removed their gloves and performed hand hygiene before they left the room. CNS-A stated staff were not trained to use their gloves in the above-mentioned way to dispose of lancets. CNS-A stated the medication cart should have had a sharps container on it but for some reason they found it put away in a cabinet inside of another room, and they were looking into why the sharps container had been removed from the medication cart. CNS-A stated they returned the sharps container to the medication cart.</p>	0 510		
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0 510	<p>Continued From page 6</p> <p>The Center for Disease Control (CDC) Hand Hygiene Guidance last reviewed on April 12, 2024, indicated,</p> <ol style="list-style-type: none"> <li>1. Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations.</li> <li>2. Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:               <ol style="list-style-type: none"> <li>a. Immediately before touching a patient</li> <li>b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices</li> <li>c. Before moving from work on a soiled body site to a clean body site on the same patient</li> <li>d. After touching a patient or the patient's immediate environment</li> <li>e. After contact with blood, body fluids or contaminated surfaces</li> <li>f. Immediately after glove removal</li> </ol> </li> <li>3. Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled.</li> <li>4. Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered.</li> </ol> <p>The Occupational Safety and Health Administration (OSHA) website, amended on May 14, 2019, indicated bloodborne pathogens standards included a sharps container be, "Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries)." It further indicated contaminated sharps should be disposed of: "Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed.</p>	0 510		
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0 510	<p>Continued From page 7</p> <p>These containers shall be: Puncture resistant; Labeled or color-coded in accordance with this standard; Leakproof on the sides and bottom; and In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps."</p> <p>The licensee's Sharps Safety policy dated October 14, 2024, indicated, "Sharps containers should be used for disposable sharp objects that have come in contact with residents or other individuals, including but not limited to lancets (used to obtain blood sugar readings), syringes, and needles." It further indicated, "Team members will dispose of contaminated sharps in containers designated for the storage of sharps as soon as possible after use."</p> <p>The licensee's Hand Washing policy dated October 14, 2024, indicated: "When hands should be washed using soap and water: Team members will wash hands between resident care and whenever direct physical contact with a resident takes place. Use of gloves does not replace hand washing. Hands will be washed:</p> <ul style="list-style-type: none"> <li>· Before and after direct care of a resident</li> <li>· If moving from a contaminated body site to a clean body site during resident care</li> <li>· After contact with surfaces or equipment in the immediate vicinity of the resident</li> <li>· Before applying and after removing personal protective equipment (PPE)</li> <li>· Before eating or preparing food</li> <li>· After using a restroom</li> <li>· When hands look dirty."</li> </ul> <p>No further information was provided.</p>	0 510		

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0 510	Continued From page 8  TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
01500 SS=D	<p>144G.63 Subd. 5 Required annual training</p> <p>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p>	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE ARDEN HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3565 PINE TREE DRIVE ARDEN HILLS, MN 55112</b>
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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
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01500	<p>Continued From page 9</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment on required annual training topics for one of two employees who were employed more than 12 months (unlicensed personnel (ULP)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or 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</p>	01500		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE ARDEN HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3565 PINE TREE DRIVE ARDEN HILLS, MN 55112</b>
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01500	<p>Continued From page 10</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-B was hired on September 5, 2023, to provide direct cares to residents.</p> <p>ULP-B's employee record lacked evidence annual training was completed for the following required topic: -principles of person-centered planning/service delivery.</p> <p>On January 12, 2025, at 11:10 a.m., the surveyor observed ULP-B administer medication and check blood glucose for R2.</p> <p>On January 12, 2025, at 11:18 a.m., ULP-B stated they thought all of their training was up-to date.</p> <p>On January 13, 2025, at 2:00 p.m., regional director of operations (RDO)-F stated ULP-B's above-mentioned training was not completed. RDO-F stated they were currently doing annual training on an employee's work anniversary but were in the process of changing their process to an all-staff training completed annually to ensure everyone has their training completed; the process was to be implemented soon.</p> <p>The licensee's Team Member Orientation and Training policy dated January 27, 2023, indicated annual training was required for, "The principles of person-centered planning and service delivery and how they apply to direct support services provided by the team member."</p> <p>No further information was provided.</p>	01500		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE ARDEN HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3565 PINE TREE DRIVE ARDEN HILLS, MN 55112</b>
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01500	Continued From page 11  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
01540 SS=E	<p>144G.64 (a) (3) Training in Dementia, Mental Illness, and De-</p> <p>(3) for assisted living facilities with dementia care, direct-care staff must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, the 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 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 mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two hours of required annual dementia care training was completed for two of three direct-care employees (unlicensed personnel (ULP)-B), ULP-C).</p> <p>This practice resulted in a level two violation (a</p>	01540		

Minnesota Department of Health

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01540	<p>Continued From page 12</p> <p>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p><b>ULP-B</b> ULP-B was hired on September 5, 2023, to provide direct cares to residents.</p> <p>ULP-B's training transcript indicated ULP-B had completed 19 minutes of the required two hours of annual dementia training.</p> <p>ULP-B's employee record lacked evidence of two hours of annual dementia training.</p> <p><b>ULP-C</b> ULP-C was hired on May 13, 2025, to provide direct cares to residents.</p> <p>ULP-C's training transcript indicated ULP-C had completed five hours of the required eight hours of initial dementia training. Additionally, ULP-C's employee record lacked two hours of initial mental illness and de-escalation training.</p> <p>On January 12, 2026, at 11:10 a.m., the surveyor observed ULP-B administer medication and check blood glucose for R2.</p> <p>On January 13, 2026, at 8:10 a.m., the surveyor observed ULP-C administer medications for R4. ULP-C stated to the best of their knowledge they</p>	01540		
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Minnesota Department of Health

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01540	<p>Continued From page 13</p> <p>had all of the required training completed.</p> <p>On January 12, 2026, at 11:18 a.m., ULP-B stated they thought all of their training was up-to date.</p> <p>On January 13, 2026, at 2:00 p.m., regional director of operations (RDO)-F stated ULP-B and ULP-C's above-mentioned training was not completed. RDO-F stated they were currently doing annual dementia training on an employee's work anniversary but were in the process of changing their process to an all-staff training completed annually to ensure everyone has their training completed; the process was to be implemented soon. RDO-F stated dementia training and de-escalation training for ULP-C had been overlooked.</p> <p>The licensee's Team Member Orientation and Training policy dated January 27, 2023, indicated, "Direct-care team members will have completed at least eight (8) hours of initial training on the below topics upon hire, within 80 working hours of the employment start date." It further indicated, "Direct-care team members will have at least two (2) hours of annual training for each 12 months of employment on topics related to dementia care."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01540		



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

NEW PERSPECTIVE ARDEN HILLS  
3565 PINE TREE DRIVE  
Arden Hills, MN 55112  
Ramsey County  
Parcel:  
  
Phone:

### License Info

License: HFID 39608  
  
Risk:  
License:  
Expires on:  
CFPM: KALEB ERICKSON  
CFPM #: 93754; Exp: 11/21/2025

### Inspection Info

Report Number: F8058261014  
Inspection Type: Full - Single  
Date: 1/12/2026 Time: 11:14:15 AM  
Duration: minutes  
Announced Inspection: No  
**Total Priority 1 Orders: 0**  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 1  
Delivery: Emailed

### New Order: 4-600 Cleaning Equipment and Utensils

4-601.11C *Priority Level: Priority 3 CFP#: 49*

*MN Rule 4626.0840C* Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

COMMENT: DIRT, GREASE, DEBRIS BUILT UP IN CORNERS, UNDER EQUIPMENT AND ON/IN COOLERS SHELVES ETC.

*Comply By: 1/30/2026 Originally Issued On: 1/12/2026*

## Food & Beverage General Comment

HRD INSPECTOR JOEY KEEN

41 CUT CUCUMBER PREP  
41 TURKEY PREP  
39 TURKEY WALK IN  
41 CHICKEN SALAD WALK IN  
41 TOMATO WALK IN  
200 PPM QUAT - 3 COMP DISPENSER  
100 PPM CL - DISH MACHINE

**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 F8058261014 from 1/12/2026**

DAVE DOHANICK  
PIC

Aaron Gertz,  
Public Health Sanitarian 3  
651-201-4516  
aaron.gertz@state.mn.us