Electronically Delivered

June 17, 2026

Licensee
Arbors at Ridges Assisted Living
13897 Community Drive
Burnsville, MN 55337

RE: Project Number(s) SL29362016

Dear Licensee:

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

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

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

The correction order documentation should include the following:

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

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29362	A. BUILDING: _____ B. WING _____	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS AT RIDGES ASSISTED LIVI	13897 COMMUNITY DRIVE BURNSVILLE, MN 55337

(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: SL29362016-0 On May 18, 2026, through May 20, 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 54 residents; 40 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.	
0 700 SS=F	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or	0 700		

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0 700	Continued From page 1 electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident's personal health and medical information was kept private. This had the potential to affect all forty residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On May 19, 2026, at 8:10 a.m., the surveyor observed unlicensed personnel (ULP)-G administering morning medication to R6. ULP-G locked the medication cart on the way to the R6's room, but did not secure the computer screen, thus allowing R6's information to be visible to anyone in the hallway. On May 19, 2026, at 8:30 a.m., the surveyor observed ULP-G administering morning medication to R7 and R8, but did not secure the computer screen with residents' information.	0 700		

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0 700	Continued From page 2 On May 19, 2026, at 1:00 p.m., licensed assisted living director (LALD)-A stated medication carts are always locked when staff are not at them, and computers have locked screens or are tipped, to almost closed for privacy. The licensee's Client Record Policy, last updated December 2, 2020, indicated that the director of Health Services will identify which staff have access to which documents in the client's record in order to perform their duties. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 700		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record,	01640		

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01640	Continued From page 3 including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a current written service plan was finalized no later than 14 calendar days after the date that services were first provided for one of four residents (R6). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R6 was admitted on February 24, 2026, and received services under the licensee's assisted living license with a diagnosis of generalized weakness. R6's initial assessment was completed on February 24, 2026, and indicated R6 received services to include medication management, laundry, housekeeping, and assistance with bathing, and dressing. On May 19, 2026, at 8:10 a.m., the surveyor observed unlicensed personnel (ULP)-G administer morning medication to R6. R6's record lacked evidence that a service plan	01640		

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01640	Continued From page 4 was completed. On May 19, 2026, at 3:30 p.m., registered nurse (RN)-B stated R6 did not have a completed service plan until today (two days after the start of the survey). RN-B stated they admitted the resident and completed the assessment prior to going on vacation and the service plan was supposed to be completed, but did not get done. The licensee's Service Plan Agreement Development and Revision policy, last updated December 2, 2020, indicated after completion of a full individualized initial assessment, an initial service plan agreement is established based upon the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01880 SS=E	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, interview, and record review, the licensee failed to ensure all medications were securely locked in substantially constructed compartments permitting only authorized personnel access. This had the potential to affect the licensee's current residents, staff, and visitors.	01880		

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01880	Continued From page 5 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a 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). The findings include: During the entrance conference on May 18, 2026, at 9:00 a.m., licensed assisted living director (LALD)-A and registered nurse (RN)-B indicated the licensee provided medication management, and medications were securely stored in locked medication carts located throughout the building. On May 18, 2026, at 11:00 a.m., the surveyor observed unlicensed personnel (ULP)-F reviewing the electronic medical record for R2's morning medication. ULP-F did not lock the medication cabinet. ULP-F stated he always locks the cabinet but was nervous and then locked the cabinet prior to going into R2's room. On May 18, 2026, at 11:39 a.m., the surveyor observed ULP-F administering morning medication to R3 and did not lock the medication cart prior to entering the room. Upon returning to the medication cart, ULP-F stated he "forgot again," but "usually always remembers to lock the cart." On May 19, 2026, at 1:00 p.m., LALD-A stated medication carts should always be locked when staff are not by them.	01880		

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01880	Continued From page 6 The licensee's Storage of Medication and Key Security Policy dated April 19, 2023, indicated that when secured storage of medications is necessary, the nurse will identify where the medications will be stored, and how they will be secured or locked. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

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

Arbors at Ridges Assisted Living
13897 COMMUNITY DRIVE
Burnsville, MN 55337
Dakota County
Parcel:

Phone:

License Info

License: HFID 29362

Risk:
License:
Expires on:
CFPM: Darcie Lynn Bjorgaard
CFPM #: 14335; Exp: 9/22/2028

Inspection Info

Report Number: F1018261092
Inspection Type: Full - Single
Date: 5/18/2026 Time: 4:27:08 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

Inspection conducted with Tracey Fearon (MDH) present.

Establishment is a full service kitchen that services between 47-50 residents daily.

Several items cooked from scratch including soups, casseroles, pasta dishes, and bakery items.

Establishment uses all pasteurized eggs.

Viewed employee illness log and discussed illness policy.

Discussed pest control services.

No orders issued.

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 F1018261092 from 5/18/2026

Darcie Bjorgaard
Kitchen Manager

Rebecca Prestwood

Rebecca Prestwood, REHS
Public Health Sanitarian 3
651-201-3777
rebecca.prestwood@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

Arbors at Ridges Assisted Living
Burnsville
County/Group: Dakota County

Inspection Info

Report Number: F1018261092
Inspection Type: Full
Date: 5/18/2026
Time: 4:27:08 PM

Food Temperature: Product/Item/Unit: Deli Meat**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: cheese**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: cabbage**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: cheese**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: chicken**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler 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

Arbors at Ridges Assisted Living
Burnsville
County/Group: Dakota County

Inspection Info

Report Number: F1018261092
Inspection Type: Full
Date: 5/18/2026
Time: 4:27:08 PM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** 3-Compartment Sink
Location: Dishwashing Area **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 172 Degrees F.
Comment:
Violation Issued?: No