Electronically Delivered

March 9, 2026

Licensee
Amerigrace Home Care LLC
1852 Ames Avenue
Saint Paul, MN 55119

RE: Project Number(s) SL36548016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 18, 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, 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
	36548	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERIGRACE HOME CARE LLC	1852 AMES AVENUE SAINT PAUL, MN 55119

(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: SL36548016-0 On February 17, 2026, through February 18, 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 four residents; four 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 February 18, 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		
0 775 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 2/17/2026, 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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0 780	Continued From page 4	0 780		
0 780 SS=C	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; 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.	0 780		

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0 780	Continued From page 5 This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 2/17/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Two (2) days.	0 780		
0 790 SS=C	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	0 790		

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0 790	Continued From page 6 environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 2/17/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 790		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or	0 810		

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0 810	Continued From page 7 evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. 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:	0 810		

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0 810	Continued From page 8 Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 2/17/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	0 810		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring	01620		

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01620	Continued From page 9 in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessment, utilizing a uniform assessment tool, no more than 90 days from the previous assessment for one of two 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 was issued at an isolated scope (when one or a limited number of residents are affected or one or	01620		

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01620	Continued From page 10 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On February 17, 2025, at 10:50 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee completed nursing assessments upon admission, within 14 days of admission, every 90 days, and with a change in condition. R2 was admitted on October 1, 2025, and diagnoses included schizoaffective disorder (a mental health disease), antisocial personality disorder, and diabetes. On February 18, 2026, at 8:14 a.m., the surveyor observed unlicensed personnel (ULP)-C assist R2 with medication administration. R2's signed Service Plan (Waiver) - Addendum to Contract dated October 1, 2025, indicated R2 received services including assistance with housekeeping, meals, laundry, behavior management, and medication administration. R2's medical record included a 14-day Assessment Tool dated October 15, 2025, and a subsequent assessment dated January 20, 2026, 97 days after the previous assessment. On February 18, 2026, at 8:36 a.m., LALD/CNS-A stated she assigned another nurse to complete the 90-day assessment for R2, and the nurse must have miscalculated the due date, so it was completed late. The licensee's 6.01 Assessments, Reviews &	01620		

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01620	Continued From page 11 Monitoring policy revised January 1, 2026, indicated, "3. Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment." No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01730 SS=D	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 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	01730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36548	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERIGRACE HOME CARE LLC	1852 AMES AVENUE SAINT PAUL, MN 55119

(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
01730	Continued From page 12 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 an accurate individualized medication management record for each resident to include all required content for one of two 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 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).	01730		

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	36548	A. BUILDING: _____ B. WING _____	02/18/2026

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01730	Continued From page 13 The findings include: R2 was admitted on October 1, 2025, and diagnoses included schizoaffective disorder (a mental health disease), antisocial personality disorder, and diabetes. R2's signed Service Plan (Waiver) - Addendum to Contract dated October 1, 2025, indicated R2 received services including assistance with housekeeping, meals, laundry, behavior management, and medication administration. On February 18, 2026, during continuous observation, from 8:00 a.m. to 8:26 a.m., the surveyor observed unlicensed personnel (ULP)-C assist R2 with vital signs, blood glucose monitoring, and medication administration. -8:22 a.m., the surveyor observed ULP-C hand the Lantus Solostar (long-acting insulin) pen to R2 for self-administration. R2 dialed up the insulin pen to 17 units, showing the dose on the insulin pen to ULP-C and the surveyor. Next, R2 self-injected insulin into the upper thigh area of his right leg. R2 verbalized the nurse was aware he was self-administering his insulin, and he did this every day. -8:24 a.m., ULP-C stated she always allowed R2 to complete self-administration of his insulin, including dialing of the dose on the insulin pen. R2's medical record included a nursing assessment and Individualized Medication Management Plan both dated January 20, 2026, which indicated under Medication Administration: -needs help with medication administration, specify: Nurse will set up medication and HHA (home health aide) will administer medication to resident; and	01730		

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01730	Continued From page 14 -specific resident instructions relating to the administration, monitoring, and documentation of medications, specify: All medications will be stored and locked up in medication cabinet." On February 18, 2026, at 1:25 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-C should not have allowed R2 to dial the insulin pen to prescribed dose before self-injection of insulin. LALD/CNS-A verbalized the caregivers were trained to allow R2 to self-inject the insulin pen after the caregivers dialed the insulin pen to prescribed dose. LALD/CNS-A stated she planned to update R2's medication plan to include specific instructions for the unlicensed personnel being delegated the task. Also, LALD/CNS-A planned to provide additional training to all employees that administer medications to R2 and other residents. The licensee's 7.03 Medication Management Individualized Plan policy dated March 10, 2025, indicated "1. [Licensee] will develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: a. A statement describing the medication management services that will be provided b. A description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions c. Documentation of specific resident instructions relating to the administration of medications d. Identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis e. Identification of medication management tasks that may be delegated to unlicensed personnel f. Procedures for staff notifying a registered nurse	01730		

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01730	Continued From page 15 or appropriate licensed health professional when a problem arises with medication management services, and g. 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 2. The medication management record will be current and updated when there are any changes. 3. Medication reconciliation will be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure there were current written or electronically recorded prescriptions as defined in section 151.01, subdivision 16 a, for all prescribed medications that the assisted living facility was managing for one of two residents (R2).	01820		

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01820	Continued From page 16 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2 was admitted on October 1, 2025, and diagnoses included schizoaffective disorder, antisocial personality disorder, and diabetes. R2's signed Service Plan (Waiver) - Addendum to Contract dated October 1, 2025, indicated R2 received services including assistance with housekeeping, meals, laundry, behavior management, and medication administration. On February 18, 2026, during continuous observation, from 8:00 a.m. to 8:26 a.m., the surveyor observed unlicensed personnel assist R2 with vital signs, blood glucose monitoring, and medication administration. R2's medication administration record (MAR) for February 2026, indicated R2 was scheduled to take the following medications: -atorvastatin (treats cholesterol) 40 milligrams (mg), one tablet by mouth daily; -bupropion hydrochloride (HCl, for depression) extended release (ER) 150 mg, one tablet by mouth daily; -Cozaar (for high blood pressure) 25 mg, (take half tablet 12.5 mg), by mouth daily; -duloxetine (for depression) 30 mg, one capsule by mouth daily;	01820		

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01820	Continued From page 17 -Jardiance (for type two diabetes) 25 mg, one tablet by mouth daily; -gabapentin (for nerve pain) 300 mg, one capsule by mouth two times daily; -Lantus Solostar (long-acting insulin), inject 17 units under the skin every morning; -metformin (for type two diabetes) 500 mg, take two tablets (1000 mg), by mouth twice daily; -metoprolol succinate (for high blood pressure) 100 mg ER, one tablet by mouth daily; -olanzapine (an antipsychotic) 10 mg, one tablet by mouth twice daily; -Reno caps (a multivitamin supplement) one capsule by mouth daily; -spironolactone (for hypertension and swelling) 25 mg, one tablet by mouth daily; -Urea (for dry skin) 40 percent (%), apply topically twice daily; -Ozempic (for type two diabetes and weight loss) 3 mg, inject under skin every Tuesday; -clonidine (for high blood pressure) 0.2 mg, one tablet by mouth daily at bedtime; and -loratadine (for allergy symptoms) 10 mg, one tablet by mouth daily at bedtime. R2's record included Provider Orders dated September 1, 2025, lacking a provider signature for the following medications from the list above: -atorvastatin 40 mg, one tablet by mouth daily; -bupropion HCL ER 150 mg, one tablet by mouth daily; -Cozaar 25 mg (take half tablet 12.5 mg) by mouth daily; -Jardiance 25 mg. one tablet by mouth daily; -gabapentin 300 mg, one capsule by mouth two times daily; -Lantus Solostar insulin pen, inject 17 units under the skin every morning; -metformin 500 mg, take two tablets (1000 mg) by mouth twice daily;	01820		

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01820	Continued From page 18 -metoprolol succinate 100 mg ER, one tablet by mouth daily; -Reno caps, one capsule by mouth daily; -spironolactone 25 mg, one tablet by mouth daily; -Urea 40%, apply topically twice daily; -Ozempic 3 mg, inject under skin every Tuesday; and -loratadine 10 mg, one tablet by mouth daily at bedtime. On February 18, 2026, at 8:36 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she had not received signatures back from R2's provider for his medications. LALD/CNS-A provided a copy one fax requesting a provider signature for R2's medications on October 16, 2025, but no further documentation or evidence since this date to ensure this was completed. LALD/CNS verbalized she had not yet followed up with a phone call to R2's provider. On February 18, 2026, at 8:44 a.m., LALD/CNS-A was heard by surveyor during the survey on the phone with R2's provider office requesting a prescriber signature for R2's medications being administered. On February 18, 2026, at 2:57 p.m., LALD/CNS-A provided during the survey, via email, a copy of R2's electronically signed provider individual medication orders for the following medication orders from the above list: -duloxetine 30 mg, one capsule by mouth daily; -clonidine 0.2. mg, one tablet by mouth daily at bedtime; and -olanzapine 10 mg, one tablet by mouth twice daily. The licensee's Medication & Treatment orders	01820		

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01820	Continued From page 19 policy, revised March 10, 2025, indicated, "3) An order for medication or treatment must be dated, signed by the prescriber and must be current and consistent with the resident's nursing assessment. 4) Upon receiving verbal orders or unsigned electronic orders, a licensed nurse will record and sign the order and forward the written order to the prescriber for a signature after receipt of the verbal or electronic order. The licensed nurse will continue to follow-up with the prescriber's office until the signature is received. 5) The licensed nurse will communicate with the prescriber to assure that the prescriber renews a medication or treatment/therapy order at least every 12 months, or more frequently as needed." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained including the opened date for time sensitive medication storage for one of one resident (R2).	01890		

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01890	Continued From page 20 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). R2's diagnoses included schizoaffective disorder, antisocial personality disorder, and cocaine dependence. R2's Service Plan (Waiver) - Addendum to Contract, dated October 1, 2025, indicated R2 received services including assistance with housekeeping, meals, laundry, behavior management, and medication administration. R2's Med Admin Summary for February 2026, indicated R2 received 17 units (u) of Lantus Solostar (long-acting insulin, a medication to control blood sugars) via injection pen, once daily in the morning. On February 18, 2026, at 8:14 a.m., the surveyor observed unlicensed personnel (ULP)-C assist R2 with self-injection of Lantus Solostar insulin. The Lantus Solostar insulin pen used lacked an opened date to indicate when the medication was first used and would expire. Manufacturer instructions for Lantus Solostar insulin pen, revised May 2025, indicated the medication should not be used longer than 28 days after the first injection. On February 18, 2026, at 8:17 a.m., ULP-C stated she was not aware the open dates needed	01890		

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01890	Continued From page 21 to be added to the insulin pen when opened. On February 18, 2026, at 8:21 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated that the Lantus insulin pen should have an open date when the first injection was first opened and administered. LALD/CNS-A verbalized this must have been missed. The licensee's 7.11 Medication Storage policy revised March 10, 2025, indicated, "When medications are managed and stored by [Licensee], medications will be kept securely locked and stored per manufacturer's directions. Only authorized staff will have access to stored medications." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

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

Amerigrace Home Care Llc
1852 Ames Avenue
St Paul, MN 55119
Ramsey County
Parcel:

Phone: 6517343183

License Info

License: HFID 37970

Risk:
License:
Expires on:
CFPM: Roseline Falade
CFPM #: FM120707; Exp: 12/5/2026

Inspection Info

Report Number: F1039261046
Inspection Type: Full - Single
Date: 2/18/2026 Time: 10:30 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 2
Delivery: Emailed

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.14B *Priority Level: Priority 3 CFP#: 41*
MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.
COMMENT: WIPING CLOTHS HELD ON KITCHEN CABINET DOORS. INSTRUCTED PERSONS-IN-CHARGE TO COMPLY WITH ABOVE RULE OR USE SANITZER IN SPRAY BOTTLE AND SINGLE USE PAPER TOWEL TO WIPE SURFACES.
Comply By: 2/18/2026 Originally Issued On: 2/18/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: NO TEST STRIPS ON-HAND FOR QUAT. SANITIZER. ACQUIRE QUAT. TEST STRIPS AND USE TO VERIFY QUAT. CONCENTRATION IS 200 TO 400 PPM.
Comply By: 2/25/2026 Originally Issued On: 2/18/2026

New Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT: RESIDENTIAL DISHWASHING MACHINE IS OUT OF SERVICE. PERSON-IN-CHARGE STATES REPAIR SCHEDULED FOR FEBRUARY 23RD. STAFF USING DISPOSABLE SERVING WARE IN MEANTIME, USING QUAT. SANITIZER SOLUTION IN TUB TO SANITIZE MULTIUSE UTENSILS AND COOKWARE.
Comply By: 3/4/2026 Originally Issued On: 2/18/2026

Food & Beverage General Comment

MILK - COLD HOLD, KITCHEN COOLER - 41 DEGREES F
AMBIENT - BASEMENT COOLER - 39 DEGREES F
FREEZERS - FROZEN

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

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

The kitchen has wood cabinets with hollow base and laminate countertops, decorative tile floor, painted walls and popcorn

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 chest freezer and refrigerator/freezer combo as well as dry food stores are present in basement.

Verified hand sink correctly set-up, gloves, illness policy, probe thermometer, dishwashing machine thermo test stickers.

Discussed the following with the person-in-charge: temperature measurement, food source, foodborne illness symptoms and exclusion of ill employees, vomit clean-up procedures, avoiding bare hand contact with ready to eat foods, handwashing, sanitizing, all orders on this report.

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 F1039261046 from 2/18/2026

Grace Oyefesobi
person-in-charge

Aron Goodner,
Public Health Sanitarian
651-201-4910
aron.goodner@state.mn.us

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL36548016	**Date:** 2/17/2026
Facility Name: Amerigrace Home Care LLC	
Facility Address: 1852 Ames Ave, St Paul MN 55119	

☒ **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. Lighted matches, cigarettes, cigars or other burning object shall not be discarded in such a manner that could cause ignition of other combustible material. [Minn. Stat. 144G.45 subd. 2; MSFC 310.7]

   Comments: In resident room 1 there was evidence that incense had been burned on top of the dresser not in an approved incense holder. There was ash and partially burned incense sticks sitting on top of the dresser. Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated that they were not aware that the resident burned incense in their room.

3. The means of egress shall be maintained free of obstructions or impediments to full instant use in case of fire or other emergency. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.2]

   Comments: There was a plastic snowman decoration that was being stored in the egress window well for resident room 4 that would not allow the window to fully open. LALD/CNS-A stated that the resident had placed the decoration in the window and that they would work with the resident to have the exit obstruction removed.

☒ **TAG IDENTIFICATION: 0780**

SCOPE/ SEVERITY: Level 1; Widespread **TIME PERIOD OF CORRECTION:** Two (2) days

1. Smoke alarms interconnected so that actuation of one alarm causes all alarms in the individual dwelling or sleeping unit to operate where more than one smoke alarm is required within an individual dwelling or sleeping unit. [Minn. Stat. 144G.45 subd.2]

Comments: There was a hard wired smoke alarm in the first floor common hallway that was not interconnected with the rest of the smoke alarms in the facility, and only sounded locally when tested by LALD/CNS-A. There was a battery operated smoke alarm in the same area that was interconnected with the smoke alarms in the bedrooms.

2. Smoke Alarm power supply complies with MN State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated. [Minn. Stat. 144G.45 subd.2]

   Comments: In the lower level outside of resident room 4 there was a missing hard wired smoke alarm. There was a battery operated smoke alarm in the same area that was interconnected.

☒ **TAG IDENTIFICATION: 0790**

SCOPE/ SEVERITY: Level 1; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

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

   Comments: The portable fire extinguisher in the first floor kitchen was installed at 70 inches above the finished floor. The fire extinguisher in the lower level was installed at 67 inches above the finished floor. Fire extinguishers shall be installed not more than 5 feet (60 inches) above the finished floor.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

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1. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine and Extinguish or Evacuate) but failed to include procedures for how staff are to complete each step.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency.