Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

July 13, 2026

Licensee
Pleasant Assisted Living LLC
7531 Brunswick Avenue North
Brooklyn Park, MN 55443

RE: Conditional License Number 423369
Health Facility Identification Number (HFID) 39498
Project Number(s) SL39498016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 27, 2026, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.20, Subd. 1 (a), MDH is issuing a 90-day conditional license, pending appeal.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of potential fines that may be assessed related to these correction orders is $3,500.00. **MDH is not imposing these fines against your license at this time.**

St - 0 - 0330 - 144g.30 Subd. 4 - Information Provided By Facility - $500.00
St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00
St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $1,000.00
St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - $500.00
St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - $1,000.00

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 and immediately correct any reissued orders 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

CONDITIONAL LICENSE ISSUED:

MDH will issue Pleasant Assisted Living LLC a conditional assisted living facility license for 90 calendar days, pending appeal. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Pleasant Assisted Living LLC is in substantial compliance.

The following conditions apply on the conditional assisted living facility license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.

b. **No new admissions:** Pleasant Assisted Living LLC will not admit any new residents under its conditional assisted living facility license until MDH removes the "no new admissions" condition. Pleasant Assisted Living LLC must provide the Department:

    i. A list of the names and birthdates of any individuals Pleasant Assisted Living LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.

    ii. A list of all current residents:
        1. Name and birthdate of each resident
        2. Current payment source for services
        3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
        4. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative

c. **Consultant:** Pleasant Assisted Living LLC will contract with an RN to provide consultation concerning all resident(s) to whom Pleasant Assisted Living LLC provides licensed assisted living services under the conditional license. The consultant must have access to all resident(s) receiving services from Pleasant Assisted Living LLC. The consultant will conduct initial and ongoing evaluations of the provider. Direct resident observation may be required based on the consultant's judgement or at the discretion of MDH. The RN must not have any affiliation with Pleasant Assisted Living LLC and MDH must review the RN's credentials and approve the selection. Pleasant Assisted Living LLC is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to Pleasant Assisted Living LLC in an effort to help Pleasant Assisted Living LLC align their practices with the requirements of Minn. Stat. §§ 144G.01 – 144G.9999 and to provide oral and written reports to MDH noting progress toward substantial compliance and/or concerns about observations. Pleasant Assisted Living LLC will develop and implement policies, procedures, and processes specific to the offered services in accordance with the guidance provided by the consultant to ensure ongoing monitoring and substantial compliance with statutory requirements.

d. **Reports:** The RN consultant will provide MDH with regular reports at intervals

specified by MDH. Reports will begin on a weekly basis until MDH notifies Pleasant Assisted Living LLC and the RN consultant about a change. Each report will be electronically submitted to: **HRDConsultantReports.MDH@state.mn.us**. The content of the reports will include information such as:

i. Progress towards correction of orders;
ii. Observations of staff delivering assisted living services and the level of competency observed;
iii. Conversations with residents and family members about satisfaction with assisted living services;
iv. Conversations with staff about their level of knowledge about the tasks they perform, the people they serve and the health professionals who delegate to them;
v. Overall impressions about the quality of the assisted living services delivered;
vi. Overall impressions about the dignity with which the residents and their family members are treated;
vii. Concerns; and
viii. Any other information requested by the Department or considered important by the RN consultant(s).

e. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Pleasant Assisted Living LLC to correct the violations cited during the survey as well as to determine the overall practice of Pleasant Assisted Living LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive licensed assisted living services. The OOLTC will share their findings with MDH.

f. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the license if MDH identifies any level 3, 4 or 5 violations or widespread care related violations.

g. **Corrective Action Plan:** Pleasant Assisted Living LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
    i. A statement of the concern
    ii. A description of what will happen to correct the concern
    iii. A target date for when each correction will be complete
    iv. Who is responsible to make sure it happens
    v. Current status of correction work
        i. vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:
MDH will determine if Pleasant Assisted Living LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines Pleasant Assisted Living LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Pleasant Assisted Living LLC's assisted living facility license, and Pleasant Assisted Living LLC will correct any outstanding violations identified during the survey. If Pleasant Assisted Living LLC is not in substantial compliance on the follow-up survey, MDH may take additional enforcement action, up to and including immediate temporary suspension and revocation, as authorized by Minn. Stat. § 144G.20.

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 Jess Schoenecker directly at: 651-201-3789 or email at: Jess.Schoenecker@state.mn.us.

Sincerely,

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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 In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#39498016 On March 16, 2026, through March 27, 2026, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were seven residents; seven receiving services under the Assisted Living license. On March 17, 2026, an immediate correction order was issued for tag identificaiton 0495. During the course of the survey, the licensee took action to mitigate the immediate risk. Noncompliance remained and the scope and level remain unchanged.	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 License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 330 SS=F	144G.30 Subd. 4 Information provided by facility (a) The assisted living facility shall provide	0 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 330	Continued From page 1 accurate and truthful information to the department during a survey, investigation, or other licensing activities. (b) Upon request of a surveyor, assisted living facilities shall within a reasonable period of time provide a list of current and past residents and their legal representatives and designated representatives that includes addresses and telephone numbers and any other information requested about the services to residents. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide the Minnesota Department of Health (MDH) with accurate and truthful information during a survey. 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 potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living (AL) facility license effective January 26, 2026, with an expiration date of January 25, 2027. On March 16, 2026, at approximately 11:30 a.m., during the entrance conference, assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee employed two licensed staff - LALD/CNS-A and a backup registered nurse (RN).	0 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 330	Continued From page 2 On March 16, 2026, at approximately 11:35 a.m., LALD/CNS-A stated she was simultaneously enrolled in a nursing master's degree program that required LALD/CNS-A to complete clinical hours on Thursday and Friday from 8:00 a.m. to 4:00 p.m. each week. LALD/CNS-A also stated she performed patient care during clinical hours. LALD/CNS-A further stated the backup RN would cover the facility while LALD/CNS-A was at clinicals. On March 16, 2026, at approximately 1:00 p.m., LALD/CNS-A provided the surveyor with the licensee's employee list. The licensee's employee list, dated October 24, 2024, indicated one RN, and no backup RN was indicated. On March 16, 2026, at approximately 1:15 p.m., the surveyor requested the employee file of the backup RN that worked for the licensee and LALD/CNS-A stated the licensee did not have an employee file on the backup RN. On March 16, 2026, at approximately 1:20 p.m., LALD/CNS-A confirmed that LALD/CNS-A was the only RN that worked for the licensee and there was no backup RN hired for the licensee. On March 16, 2026, at approximately 1:25 p.m., LALD/CNS-A stated they were told by the AL community that a licensee only needed to have a RN named as the backup RN and did not have to hire a backup RN as an employee for the licensee. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 420 SS=F	144G.40 Subdivision 1 Responsibility for housing and services The facility is directly responsible to the resident for all housing and service-related matters provided, irrespective of a management contract. Housing and service-related matters include but are not limited to the handling of complaints, the provision of notices, and the initiation of any adverse action against the resident involving housing or services provided by the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide sufficient management, control, and operation of the housing and services provided by the facility. This had the potential to affect all 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, 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: The licensee had an assisted living license, effective January 26, 2026. The licensee's renewal "Application for Assisted Living License", section titled "Official Verification of Owner or Authorized Agent", (page five of the application), identified an affirmative checkmark next to the statement, "I declare that, as the	0 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 420	Continued From page 4 owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659, governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract." Another checkmark was noted at the statement, "I have examined this application and all attachments, and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and belief, this information is true, correct and complete. I will notify MDH, in writing, of any changes to this information as required." Page six was electronically signed by the owner/authorized agent on December 27, 2024. On March 23, 2026, at approximately 9:20 a.m., by phone interview, licensed assisted living director (LALD/CNS)-A stated she confused the home care (HC) license requirements with the assisted living (AL) license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1 and R7. As a result of this survey, the following orders were issued under 0330, 0420, 0430, 0450, 0470, 0490, 0495, 0510, 0570, 0620, 0630, 0650, 0680, 0690, 0730, 0830, 0900, 0950, 1530, 1610, 1630, 1640, 1650, 1700, 1730, 1820, 1830, 1940, 1970, and 3090, which indicated the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.01 to 144G.95.	0 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 420	Continued From page 5 The licensee's Facility Philosophy policy, undated, indicated the licensee would operate and provide services in compliance with all applicable federal, state, and local laws and regulations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 420		
0 430 SS=C	144G.40 Subd. 2 Uniform checklist disclosure of services (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced by: Based on observation, interview, and record	0 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 430	Continued From page 6 review, the licensee failed to provide licensee's Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) for two of seven residents (R1, R7). 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 potential to affect a large portion or all of the residents). The findings include: The licensee's assisted living (AL) facility was a duplex structure that had two (2) separate addresses (7531, 7533) with similar sides that contained 2 levels and five (5) resident bedrooms on each side. On March 16, 2026, at approximately 11:05 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a census of six (6) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 resided at the 7533 address. R1 R1 was admitted on March 15, 2026. On March 16, 2026, at approximately 11:45 a.m., LALD/CNS-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. R1's record	0 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 430	Continued From page 7 lacked evidence that R1 was provided with the licensee's UDALSA. R7 On March 16, 2026, at approximately 12:00 p.m., the surveyor observed another resident (R7) in the licensee's AL facility, residing in bedroom two (2) at the 7533 address. On March 16, 2026, at approximately 12:05 p.m., LALD/CNS-A stated R7 was not a resident of the licensee's AL facility and was not counted as part of the census. LALD/CNS-A also stated R7 was a respite care client of a home care (HC) license under the same ownership umbrella as the licensee. R7 was admitted on October 16, 2025. R7's resident record indicated documents related to a HC license and lacked evidence that R7 was provided with the licensee's UDALSA related to the licensee's AL license. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1 and R7. The licensee's Resident Records policy, undated, indicated the licensee would include documents required under the assisted living license in the contents of the resident record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 450 SS=C	144G.41 Subdivision 1 Minimum requirements All assisted living facilities shall: (1) distribute to residents the assisted living bill of rights; (2) provide services in a manner that complies with the Nurse Practice Act in sections 148.171 to 148.285; (3) utilize a person-centered planning and service delivery process; (4) have and maintain a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by the Nurse Practice Act in sections 148.171 to 148.285; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide the current assisted living bill of rights (ALBOR) for two of seven residents (R1, R7). 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 potential to affect a large portion or all of the residents). The findings include: The licensee's assisted living (AL) facility was a duplex structure that had two (2) separate addresses (7531, 7533) with similar sides that contained 2 levels and five (5) resident bedrooms on each side.	0 450		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 450	Continued From page 9 On March 16, 2026, at approximately 11:05 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a census of six (6) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 resided at the 7533 address. R1 R1 was admitted on March 15, 2026. On March 16, 2026, at approximately 11:45 a.m., LALD/CNS-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. R1's record lacked evidence that R1 was provided with the ALBOR by the licensee. R7 On March 16, 2026, at approximately 12:00 p.m., the surveyor observed another resident (R7) in the licensee's AL facility, residing in bedroom two (2) at the 7533 address. On March 16, 2026, at approximately 12:05 p.m., LALD/CNS-A stated R7 was not a resident of the licensee's AL facility and was not counted as part of the census. LALD/CNS-A also stated R7 was a respite care client of a home care (HC) license under the same ownership umbrella as the licensee. R7 was admitted on October 16, 2025. R7's resident record indicated documents related to a HC license and lacked evidence that R7 was provided with the ALBOR by the licensee.	0 450		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 450	Continued From page 10 On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1 and R7. The licensee's Home Care Bill of Rights policy, undated, indicated the licensee would provide the resident with the Bill of Rights and would be maintained in the residents' record. The licensee's policy referenced 144A Statutes, not 144G Statutes which the licensee operated under. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 450		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week,	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 470	Continued From page 11 who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure a current staffing schedule was posted as required, potentially affecting all the licensee's current residents, staff, and visitors. 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 potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living facility license for a capacity of 10 residents and had a current census of seven residents. On March 16, 2026, at approximately 10:15 a.m., during a tour of the facility, the surveyor did not observe a current posted daily staffing schedule after redacting direct-care staff member's	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 470	Continued From page 12 resident assignments, at the beginning of each work shift in a central location. On March 16, 2026, at approximately 10:20 a.m., unlicensed personnel (ULP)-B confirmed the licensee had not posted a daily staffing schedule. On March 16, 2026, at approximately 11:30 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a staff schedule on her computer and was unaware of the staff schedule posting requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470		
0 490 SS=F	144G.41 Subdivision 1b Minimum requirements; other required services All assisted living facilities must offer to provide or make available the following services to residents: (1) weekly housekeeping; (2) weekly laundry service; (3) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance; (4) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible	0 490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 490	Continued From page 13 for providing this assistance; (5) provide culturally sensitive programs; and (6) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have daily programs of social and recreational activities based on individual and group interests, physical, mental, and psychosocial needs, that created opportunities for active participation in the community at large. This had the potential to affect all residents of the facility. 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 potential to affect a large portion or all of the residents). The findings include: On March 16, 2026, through March 17, 2026, the surveyor did not observe any activities planned or offered to the residents. Residents remained in their rooms, were in the common living areas watching television, in the dining room eating meals, or smoked cigarettes outside.	0 490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 490	Continued From page 14 On March 16, 2026, at 10:10 a.m., during a tour of the facility with unlicensed personnel (ULP)-B, the surveyor observed the licensee lacked a posted daily program of social and recreational activities. ULP-B confirmed there was no activities schedule posted. On March 16, 2026, at 10:30 a.m., ULP-B provided a white colored binder and stated the contents were the licensee's activities schedule. The binder contents indicated the licensee's activities scheduled for January, February, and April of 2024. There was no licensee activities scheduled for May 2024, through March 2026. On March 16, 2026, at 11:20 a.m., during the entrance conference, licensed assisted director/clinical nurse director (LALD/CNS)-A stated the licensee provided a daily program of social and recreational activity. On March 24, 2026, at 9:20 a.m., by phone interview, LALD/CNS-A stated the licensee did not have a monthly calendar of activities anymore but staff did a lot of activities with residents every day. The licensee's Uniform Disclosure of Assisted Living Services & Amenities (UDALSA) dated January 6, 2024, indicated on page 14, under the Supportive Services Available section, the licensee had available daily social and recreational services for residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 495	Continued From page 15	0 495		
0 495 SS=F	144G.41 Subdivision. 1 (13) Minimum Requirements (13) provide staff access to an on-call registered nurse 24 hours per day, seven days per week. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide staff access to a licensed registered nurse (RN) 24 hours a day, seven days per week, when the licensee hired licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A to perform all nursing tasks and the LALD/CNS-A simultaneously enrolled in a nursing master's degree program that required LALD/CNS-A to complete clinical hours which would not allow them to be available 24 hours per day, 7 days per week, to address the licensee's emergencies or concerns. This had the potential to affect all residents and staff. 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: The licensee held an assisted living facility license with eight staff - LALD/CNS-A and seven unlicensed personnel. The licensee was licensed for a bed capacity of 10 residents and had a current census of seven (7) residents.	0 495	During the course of the survey, the licensee took action to mitigate the immediate risk. Noncompliance remained and the scope and level remain unchanged.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 495	Continued From page 16 On March 16, 2026, at approximately 11:30 a.m., during the entrance conference, LALD/CNS-A stated the licensee employed two licensed staff - LALD/CNS-A and a backup RN. LALD/CNS-A also stated she was available for RN supervision 24 hours a day for the licensee's staff. On March 16, 2026, at approximately 11:35 a.m., LALD/CNS-A stated she was simultaneously enrolled in a nursing master's degree program that required LALD/CNS-A to complete clinical hours on Wednesday, Thursday, and Friday from 8:00 a.m. to 4:00 p.m. each week. LALD/CNS-A also stated she performed patient care during clinical hours. On March 16, 2026, at approximately 1:00 p.m., LALD/CNS-A provided the surveyor with the licensee's employee list. The licensee's employee list indicated one RN, and no backup RN was indicated. On March 16, 2026, at approximately 1:15 p.m., the surveyor requested the employee file of the backup RN that worked for the licensee and LALD/CNS-A stated the licensee did not have an employee file on the backup RN. On March 16, 2026, at approximately 1:20 p.m., LALD/CNS-A confirmed that LALD/CNS-A was the only RN that worked for the licensee and there was no backup RN hired for the licensee. On March 16, 2026, at approximately 1:25 p.m., LALD/CNS-A stated they were told by the assisted living community that a licensee only needed to have a RN named as the backup RN and did not have to hire a backup RN for the licensee.	0 495		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 495	Continued From page 17 On March 17, 2026, at approximately 9:30 a.m., on the 7533 side of the licensee's duplex, the surveyor observed in the kitchen area, a posted licensee staff schedule for the dates of March 24, 2026, through April 6, 2026, that indicated RN supervision was provided 8:00 a.m. to 4:00 p.m. and is available 24 hours on call. On March 17, 2026, at approximately 11:30 a.m., LALD/CNS-A acknowledged the requirement for the licensee to have an RN available 24 hours a day, seven days per week, for the licensee staff. LALD/CNS-A also stated she was going to hire a backup RN to cover during the times of LALD/CNS-A's clinicals. The licensee's 6.12 Availability of an RN for Staff policy, dated February 10, 2022, indicated the licensee would have an RN readily available to the staff and when a RN is not available onsite, the licensee would provide a backup RN for staff. The licensee's 6.15 Staffing Requirements-licensed nurse and ULP policy, dated February 10, 2022, indicated the licensee would provide an RN to supervise staff. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 495		
0 510 SS=F	144G.41 Subd. 3 Infection control program (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. (b)The facility's infection control program must be	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 510	Continued From page 18 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. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain 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 residents, employees, and visitors. 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 potential to affect a large portion or all of the residents). The findings include: On March 17, 2026, at approximately 8:40 a.m., unlicensed personnel (ULP)-B provided medication administration for R5. ULP-B failed to perform hand hygiene after the medication administration on R5. On March 17, 2026, at approximately 8:45 a.m., ULP-B provided medication administration for R4. ULP-B failed to perform hand hygiene prior to	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 510	Continued From page 19 R4's medication administration and after R4's medication administration. On March 17, 2026, at approximately 8:50 a.m., ULP-B provided medication administration for R3. ULP-B failed to perform hand hygiene prior to R3's medication administration and after R3's medication administration. On March 17, 2026, at approximately 8:55 a.m., ULP-B performed a blood pressure check, blood glucose check, and provided medication administration for R2. ULP-B failed to perform hand hygiene prior to R2's blood pressure check, R2's blood glucose check, and R2's medication administration. On March 17, 2026, at approximately 9:10 a.m., ULP-B acknowledged not performing hand hygiene between resident cares. ULP-B stated she performed hand hygiene before starting the morning resident cares and after all the resident cares were completed but was not aware of performing hand hygiene in between resident cares. On March 17, 2026, at approximately 12:30 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated all staff should be performing hand hygiene prior to, in between, and after resident medication administration. The licensee's Medication Administration by Unlicensed Personnel policy, undated, indicated licensee staff would perform hand hygiene before and after all resident medication administrations. The licensee's policy referenced 144A Statutes, not 144G Statutes which the licensee operated under.	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 510	Continued From page 20 No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 510		
0 570 SS=C	144G.42 Subdivision 1 Display of license The original current license must be displayed at the main entrance of each assisted living facility. The facility must provide a copy of the license to any person who requests it. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to display the original current license at the main entrances of the assisted living facility that indicated each address on the campus as required. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level one violation (a violation that has no potential to cause more than a 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 potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living (AL) license effective January 26, 2025, with an expiration date of January 25, 2027, for a campus with a capacity of 10. The licensee's campus facility was a duplex structure that had two separate addresses (7531,	0 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 570	Continued From page 21 7533) with similar sides that contained two levels and five resident bedrooms on each side. Each side had an entrance on the main level with an entryway that had stairs leading up to the upper level. On March 16, 2026, at 10:00 a.m., during the facility tour at the 7531 address with unlicensed (ULP)-B, the surveyor observed the licensee's AL facility license was posted in the facility's living room on the upper level. On March 16, 2026, at 10:30 a.m., during the facility tour at the 7533 address with ULP-B, the surveyor did not observe the licensee's AL facility license posted in the facility. On March 16, 2026, at 11:30 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A confirmed the licensee's AL licenses were not posted by the main entrance at the 7531 address and the not posted at the 7533 address. LALD/CNS-A stated they were unaware of the requirement to post the assisted living license that indicated each address on the campus by the main entrances. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 570		
0 620 SS=F	144G.42 Subd. 6 (a) / 626.557, Subd. 3 Compliance with requirements for reporting ma (a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and	0 620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 620	Continued From page 22 implement a written procedure to ensure that all cases of suspected maltreatment are reported. The requirement in Minnesota Statute section 626.557, Subd. 3 is: (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this	0 620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 620	Continued From page 23 subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide a written policy or procedure on reporting maltreatment for two of seven residents (R1, R7). 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 potential to affect a large portion or all of the residents). The findings include: The licensee's assisted living (AL) facility was a duplex structure that had two (2) separate addresses (7531, 7533) with similar sides that contained 2 levels and five (5) resident bedrooms on each side.	0 620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 620	Continued From page 24 On March 16, 2026, at approximately 11:05 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a census of six (6) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 resided at the 7533 address. R1 R1 was admitted on March 15, 2026. On March 16, 2026, at approximately 11:45 a.m., LALD/CNS-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. The licensee failed to develop and implement a resident record for R1 prior to being admitted and lacked evidence that the licensee provided a written policy or procedure on reporting maltreatment for R1. R7 On March 16, 2026, at approximately 12:00 p.m., the surveyor observed another resident (R7) in the licensee's AL facility, residing in bedroom two (2) at the 7533 address. On March 16, 2026, at approximately 12:05 p.m., LALD/CNS-A stated R7 was not a resident of the licensee's AL facility and was not counted as part of the census. LALD/CNS-A also stated R7 was a respite care client of a home care (HC) license under the same ownership umbrella as the licensee. R7 was admitted on October 16, 2025.	0 620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 620	Continued From page 25 R7's resident record indicated documents related to a HC license and the licensee failed to develop and implement a resident record related to the licensee's AL license for R7 and lacked evidence that the licensee provided a written policy or procedure on reporting maltreatment for R7. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1 and R7. The licensee's Vulnerable Adult policy, undated, indicated the licensee would provide reporting maltreatment information. The licensee's policy referenced 144A Statutes, not 144G Statutes which the licensee operated under. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 620		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 630	Continued From page 26 self-abuse. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individual abuse prevention plan (IAPP) for two of seven residents (R1, R7). 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 potential to affect a large portion or all of the residents). The findings include: The licensee's assisted living (AL) facility was a duplex structure that had two (2) separate addresses (7531, 7533) with similar sides that contained 2 levels and five (5) resident bedrooms on each side. On March 16, 2026, at approximately 11:05 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a census of six (6) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 resided at the 7533 address. R1 R1 was admitted on March 15, 2026. On March 16, 2026, at approximately 11:45 a.m., LALD/CNS-A stated R1 was admitted on March	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 630	Continued From page 27 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. The licensee failed to develop and implement a resident record for R1 prior to being admitted and lacked evidence that the licensee developed an IAPP for R1. R7 On March 16, 2026, at approximately 12:00 p.m., the surveyor observed another resident (R7) in the licensee's AL facility, residing in bedroom two (2) at the 7533 address. On March 16, 2026, at approximately 12:05 p.m., LALD/CNS-A stated R7 was not a resident of the licensee's AL facility and was not counted as part of the census. LALD/CNS-A also stated R7 was a respite care client of a home care (HC) license under the same ownership umbrella as the licensee. R7 was admitted on October 16, 2025. R7's resident record indicated documents related to a HC license and the licensee failed to develop and implement a resident record related to the licensee's AL license for R7 and lacked evidence that the licensee developed an IAPP for R7. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1 and R7. The licensee's Abuse Prevention Plan policy,	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 630	Continued From page 28 undated, indicated the licensee would develop an IAPP with the required content for all residents admitted to the licensee's facility. The licensee's policy referenced 144A Statutes, not 144G Statutes which the licensee operated under. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 650	Continued From page 29 by: Based on interview and record review, the licensee failed to ensure employee records included all required content for one of two employees (unlicensed personnel (ULP)-B). 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: On March 16, 2026, at approximately 11:15 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they were responsible for all requirements on employees hired for the licensee. ULP-B was hired on September 12, 2025. ULP-B's employee record lacked documentation of a job description for ULP-B. On March 16, 2026, at approximately 3:05 p.m., LALD/CNS-A stated they were unsure if a job description was completed for ULP-B and don't know why. The licensee's Job Description policy, undated, indicated the licensee would complete a job description on all employee positions prior to hiring for the position and each job description would be placed in their personnel file. The	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 650	Continued From page 30 licensee's policy referenced 144A Statutes, not 144G Statutes which the licensee operated under. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 680	Continued From page 31 by: Based on interview and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all visitors, employees, and 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, 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 potential to affect a large portion or all of the residents). The findings include: On March 16, 2026, at approximately 11:15 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided a 17-page binder and stated the contents were the licensee's EPP. The licensee's EPP, undated, lacked an individualized plan to include all the required content below: -annual reviews; -missing resident quarterly review; -EP patient population; -process for EP collaboration; -development of EP policies and procedures based on the EP, risk assessment and communication plan; -roles under a waiver declared by secretary; -communication plan; and -EP training and testing program. On March 16, 2026, at approximately 12:00 p.m.,	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 680	Continued From page 32 LALD/CNS-A acknowledged the licensee's EPP lacked the above listed required content. LALD/CNS-A stated the licensee was unaware of all the requirements of Appendix Z and was thinking about hiring a consultant to help with the licensee's EPP. On March 16, 2026, at approximately 12:15 p.m., LALD/CNS-A stated the licensee kept a more complete EPP at another facility under the same ownership umbrella as the licensee and the EPP kept at this location was a reference guide. The licensee's Emergency Management policy, undated, indicated the licensee would have an identified EPP in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services. The licensee's policy referenced 144A Statutes, not 144G Statutes which the licensee operated under. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 690 SS=F	144G.43 Subdivision 1 Resident record (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 690	Continued From page 33 licensee failed to ensure entries in the resident records were authenticated with the name and title of the person making the entry for one of seven residents (R1). 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 potential to affect a large portion or all of the residents). The findings include: R1 was admitted on March 15, 2026. On March 16, 2026, at approximately 11:30 a.m., unlicensed personnel (ULP)-B provided an untitled one-page document and stated this was R1's vital signs record for March 15, 2026, and March 16, 2026, that were performed by the licensee staff. R1's vital signs record document indicated R1's vital signs for March 15, 2026, and the initials PT but lacked a signature and title of the staff member that identified the PT initials. The vital signs document also indicated R1's vital signs on March 16, 2026, but lacked staff initials and signature that completed R1's vital signs. On March 16, 2026, at approximately 11:35 a.m., ULP-B provided an untitled one-page document and stated this was R1's blood glucose check record for March 15, 2026, and March 16, 2026, that were performed by the licensee's staff.	0 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 690	Continued From page 34 R1's blood glucose check record indicated R1's blood glucose level on March 15, 2026, and the initials PT. R1's blood glucose check record also indicated R1's blood glucose level on March 16, 2026, and the initials SM. R1's blood glucose check record lacked signatures and titles of the licensee staff members that identified with the initials PT and SM. On March 16, 2026, at approximately 11:40 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and ULP-B acknowledged R1's blood glucose and vital signs documents lacked signatures and titles to identify the initials of the staff members that provided services to R1. ULP-B stated she was not aware documentation in the resident's record was required to be authenticated by the person who was making the entry and provided the services. On March 16, 2026, at approximately 11:45 a.m., LALD/CNS-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1. The licensee's Clinical Documentation policy, undated, indicated the licensee would document all cares and treatments provided to residents and signed by the appropriate staff member. The licensee's policy referenced 144A Statutes, not 144G Statutes which the licensee operated	0 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 690	Continued From page 35 under. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 690		
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the	0 730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 730	Continued From page 36 resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a resident record was developed, implemented, and maintained for two of seven residents (R1, R7). 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 potential to affect a large portion or all of the residents). The findings include: The licensee's assisted living (AL) facility was a duplex structure that had two (2) separate addresses (7531, 7533) with similar sides that contained 2 levels and five (5) resident bedrooms	0 730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 730	Continued From page 37 on each side. On March 16, 2026, at approximately 11:05 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a census of six (6) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 resided at the 7533 address. R1 R1 was admitted on March 15, 2026. On March 16, 2026, at approximately 11:30 a.m., unlicensed personnel (ULP)-B provided an untitled one-page document and stated this was R1's vital signs record for March 15, 2026, and March 16, 2026. This document indicated R1's blood pressure, pulse, and temperature readings were performed by the licensee's staff. On March 16, 2026, at approximately 11:35 a.m., ULP-B provided an untitled one-page document and stated this was R1's blood glucose check record for March 15, 2026, and March 16, 2026. This document indicated R1's blood glucose checks were performed by the licensee's staff. On March 16, 2026, at approximately 11:45 a.m., LALD/CNS-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. The licensee's staff provided services for R1 the same day R1 was admitted, and the licensee failed to develop and implement a resident record for R1 prior to being admitted.	0 730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 730	Continued From page 38 R7 On March 16, 2026, at approximately 12:00 p.m., the surveyor observed another resident (R7) in the licensee's AL facility, residing in bedroom two (2) at the 7533 address. On March 16, 2026, at approximately 12:05 p.m., LALD/CNS-A stated R7 was not a resident of the licensee's AL facility and was not counted as part of the census. LALD/CNS-A also stated R7 was a respite care client of a home care (HC) license under the same ownership umbrella as the licensee. R7 was admitted on October 16, 2025. R7's resident record included a Statement of Home Care Services, dated October 15, 2025, that indicated R7 received services from the licensee that included registered nurse services, medication management, treatments and therapies, and hands-on assistance with transfers and mobility. On March 17, 2026, at approximately 10:05 p.m., ULP-C stated R7 received similar AL services as the other residents that resided in the licensee's facility. R7's resident record indicated documents related to an HC license and the licensee failed to develop, implement, and maintain a resident record related to the licensee's AL license for R7. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1 and R7.	0 730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 730	Continued From page 39 The licensee's 2.38 Resident Record - Information and Content policy, dated February 15, 2023, indicated the licensee would maintain appropriate and accurate records for each resident that is receiving assisted living services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730		
0 775 SS=I	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 three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical	0 775		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 775	Continued From page 40 Environment Inspection Report (PEIR) dated 3/16/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Two (2) days	0 775		
0 780 SS=F	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;	0 780		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 780	Continued From page 41 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 3/16/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Two (2) days	0 780		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 800	Continued From page 42 repair program. 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 3/16/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Two (2) days	0 800		
0 810 SS=I	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	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 810	Continued From page 43 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 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.	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 810	Continued From page 44 This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has 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 3/16/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty One (21) days	0 810		
0 830 SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to follow applicable state and local laws, regulations, standards,	0 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 830	Continued From page 45 ordinances, and codes related to smoking for four of seven residents (R2, R3, R4, R5). 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 potential to affect a large portion or all of the residents). The findings include: The licensee's facility was a duplex structure that had two (2) separate addresses (7531, 7533) with similar sides that contained 2 levels and five (5) resident bedrooms on each side. Each side had an entrance on the main level with an entryway that had stairs leading up to the upper level. On March 16, 2026, at 9:45 a.m., upon arrival at the facility, the surveyor observed a designated smoking area outdoors on the front porch by the main entrances with a chair and two flowerpots filled with dirt that were used as cigarette disposal receptacles. On March 16, 2026, at 10:00 a.m., during the facility tour at the 7531 address with unlicensed personnel (ULP)-B, the surveyor observed in the garage by the garage door that opens to the driveway, a metal chair, a cigarette disposal receptacle, and multiple cigarette butts that had been burned down to the filter of the cigarette on the garage floor. R2 On March 16, 2026, at 10:05 a.m., during the	0 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 830	Continued From page 46 facility tour with ULP-B, the surveyor smelled cigarette smoke in R2's room and observed multiple cigarette butts that had been burned down to the filter of the cigarette on the floor next to the foot of R2's bed. The surveyor also observed next to R2's bed a metal chair used as a television (TV) stand with cigarette ashes on the cushion of the chair in front of the TV and cigarette ashes and burn marks on the windowsill next to R2's bed. On March 16, 2026, at approximately 10:10 a.m., R2 stated he smoked in his room. R2 was admitted to the licensee on August 1, 2025, with a diagnosis of anxiety and resided in room two on the upper level of the facility at the 7531 address. R2's signed Assisted Living Contract, dated August 1, 2025, indicated on page eight, section 14 Resident's Use of the Facilities, sub section J, that there was no smoking in the licensee's facility. R2's record included a Smoking Safety Assessment, dated January 6, 2026, that indicated R2 did not smoke indoors. R3 On March 16, 2026, at 10:15 a.m., during the facility tour with ULP-B, the surveyor smelled cigarette smoke in R3's room and observed multiple cigarette butts that had been burned down to the filter of the cigarette in an ashtray on a wood end table next to R3's bed. On March 16, 2026, at approximately 10:20 a.m., R3 stated he smoked in his room.	0 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 830	Continued From page 47 R3 was admitted to the licensee on December 18, 2024, with a diagnosis of cardiomyopathy and resided in room three on the upper level of the facility at the 7531 address. R3's signed Assisted Living Contract, dated December 18, 2024, indicated on page eight, section 14 Resident's Use of the Facilities, sub section J, that there was no smoking in the licensee's facility. R3's record included a Smoking Safety Assessment, dated February 14, 2026, indicated a history of R3 smoking unsafely that damaged property. R4 On March 16, 2026, at 10:25 a.m., during the facility tour with ULP-B, the surveyor smelled cigarette smoke in R4's room and observed cigarette ashes and burn marks on a wood stool next to the foot of R4's bed. On March 16, 2026, at approximately 10:30 a.m., R4 stated he sometimes smoked in his room. R4 was admitted to the licensee on January 6, 2024, with a diagnosis of depression and resided in room four on the main level of the facility at the 7531 address. R4's signed Assisted Living Contract, dated January 6, 2024, indicated on page eight, section 14 Resident's Use of the Facilities, sub section J, that there was no smoking in the licensee's facility. R4's record included a Smoking Safety Assessment, dated January 1, 2026, indicated a history of R4 smoking unsafely that damaged	0 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 830	Continued From page 48 property. R5 On March 16, 2026, at 10:35 a.m., during the facility tour with ULP-B, the surveyor smelled cigarette smoke in R5's room and observed cigarette ashes and a ceramic cup with multiple cigarette butts that had been burned down to the filter of the cigarette on a wood shelf that was part of a wood headboard with a metal frame attached to R5's bed. Surveyor also observed a round wood table topped with a linen cloth that had a glass ashtray with multiple cigarette butts that had been burned down to the filter of the cigarette. On March 16, 2026, at approximately 10:40 a.m., R5 stated she smoked in her room because it was too cold to smoke outside. R5 was admitted to the licensee on August 6, 2025, with a diagnosis of depression and resided in room five on the main level of the facility at the 7531 address. R5's signed Assisted Living Contract, dated August 6, 2025, indicated on page eight, section 14 Resident's Use of the Facilities, sub section J, that there was no smoking in the licensee's facility. R5's record included Smoking Safety Assessments, dated August 20,2025, and November 6, 2025, that indicated R5 did not smoke and a safe smoking assessment was not applicable. On March 16, 2026, at approximately 10:40 a.m., ULP-B acknowledged R2, R3, R4, and R5 were smoking in their rooms and residents smoked in the garage. ULP-B did not answer when asked	0 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 830	Continued From page 49 why the residents smoked indoors. On March 16, 2026, at approximately 11:30 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A verified the cigarette butts, ashes, and burn marks in R2, R3, R4, and R5s bedrooms and the cigarette butts in the garage. LALD/CNS-A stated the residents should not smoke indoors and were unsure why they were. On March 17, 2026, at approximately 11:00 a.m., LALD/CNS-A stated the licensee was aware residents had smoked indoors, and the licensee had tried to redirect the residents to smoke outdoors in the designated smoking area, but the behavior persisted. The licensee's 9.07 Fire Safety policy, dated February 15, 2023, indicated the licensee would develop and maintain fire protection procedures necessary for the safety of the residents. The Minnesota Clean Indoor Air Act (MCIAA) amendment effective on August 1, 2019, noted smoking was prohibited in health care facilities and clinics. In addition, an indoor area meant a space between a floor and a ceiling that is at least half enclosed by walls, doorways, or windows (opened or closed) around the perimeter. A wall included retractable dividers, garage doors, plastic sheeting or any other temporary or permanent physical barrier. Minnesota State Statute 144.414 Prohibitions; Subdivision 3 dated 2022, indicated under a section titled Health care facilities and clinics: (a) Smoking was prohibited in any area of a hospital, health care clinic, doctor's office, licensed residential facility for children, or other health	0 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 830	Continued From page 50 care-related facility, except that a patient or resident in a nursing home, boarding care facility, or licensed residential facility for adults may smoke in a designated separate, enclosed room maintained in accordance with applicable state and federal laws. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 830		
0 900 SS=F	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative	0 900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 900	Continued From page 51 according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to execute a written assisted living contract prior to providing services for two of seven residents (R1, R7). 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 potential to affect a large portion or all of the residents). The findings include: The licensee's assisted living (AL) facility was a duplex structure that had two (2) separate addresses (7531, 7533) with similar sides that contained 2 levels and five (5) resident bedrooms on each side. On March 16, 2026, at approximately 11:05 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a census of six (6) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 resided at the 7533 address.	0 900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 900	Continued From page 52 R1 R1 was admitted on March 15, 2026, and resided in bedroom one at the 7531 address. On March 16, 2026, at approximately 11:30 a.m., unlicensed personnel (ULP)-B provided an untitled one-page document and stated this was R1's vital signs record for March 15, 2026, and March 16, 2026. This document indicated R1's blood pressure, pulse, and temperature readings were performed by the licensee's staff. On March 16, 2026, at approximately 11:35 a.m., ULP-B provided an untitled one-page document and stated this was R1's blood glucose check record for March 15, 2026, and March 16, 2026. This document indicated R1's blood glucose checks were performed by the licensee's staff. On March 16, 2026, at approximately 11:45 a.m., LALD/CNS-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. The licensee failed to develop and implement a resident record for R1 prior to being admitted and lacked evidence that the licensee executed an assisted living contract for R1. R7 On March 16, 2026, at approximately 12:00 p.m., the surveyor observed another resident (R7) in the licensee's AL facility, residing in bedroom two at the 7533 address. On March 16, 2026, at approximately 12:05 p.m., LALD/CNS-A stated R7 was not a resident of the licensee's AL facility and was not counted as part	0 900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 900	Continued From page 53 of the census. LALD/CNS-A also stated R7 was a respite care client of a home care (HC) license under the same ownership umbrella as the licensee. R7 was admitted on October 16, 2025. R7's resident record included a Statement of Home Care Services, dated October 15, 2025, that indicated R7 received services from the licensee that included registered nurse services, medication management, treatments and therapies, and hands-on assistance with transfers and mobility. On March 17, 2026, at approximately 10:05 p.m., ULP-C stated R7 received similar AL services as the other residents that resided in the licensee's facility. R7's resident record indicated documents related to a HC license and the licensee lacked evidence of an executed written assisted living contract related to the licensee's AL license for R7. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1 and R7. The licensee's Assisted Living Contracts policy, undated, indicated the licensee would execute an assisted living contract at the time of admission. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to offer the opportunity to identify a representative in writing for two of seven residents (R1, R7).	0 950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 950	Continued From page 55 This practice resulted in a level one violation (a violation that has no potential to cause more than a 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 potential to affect a large portion or all of the residents). The findings include: The licensee's assisted living (AL) facility was a duplex structure that had two (2) separate addresses (7531, 7533) with similar sides that contained 2 levels and five (5) resident bedrooms on each side. On March 16, 2026, at approximately 11:05 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a census of six (6) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 resided at the 7533 address. R1 R1 was admitted on March 15, 2026, and resided in bedroom one at the 7531 address. On March 16, 2026, at approximately 11:45 a.m., LALD/CNS-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. The licensee failed to develop and implement a resident record for R1 prior to being admitted and lacked evidence that the licensee offered the opportunity to identify a representative in writing	0 950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 950	Continued From page 56 for R1. R7 On March 16, 2026, at approximately 12:00 p.m., the surveyor observed another resident (R7) in the licensee's AL facility, residing in bedroom two at the 7533 address. On March 16, 2026, at approximately 12:05 p.m., LALD/CNS-A stated R7 was not a resident of the licensee's AL facility and was not counted as part of the census. LALD/CNS-A also stated R7 was a respite care client of a home care (HC) license under the same ownership umbrella as the licensee. R7 was admitted on October 16, 2025. On March 17, 2026, at approximately 10:05 p.m., ULP-C stated R7 received similar AL services as the other residents that resided in the licensee's facility. R7's resident record indicated documents related to a HC license and lacked evidence that the licensee offered the opportunity to identify a representative in writing to R7 related to the licensee's AL license. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1 and R7. The licensee's Assisted Living Contracts policy, undated, indicated the licensee would offer the resident the opportunity to identify a representative in writing.	0 950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
0 950	Continued From page 57 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		
01530 SS=F	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors 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; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a 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 the initial 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	01530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01530	Continued From page 58 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; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure all employees received two hours of mental illness and de-escalation training within the first 160 working hours of employment for direct care employees as required for two of two employees (unlicensed personnel (ULP)-B, ULP-C). 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 potential to affect a large portion or all of the residents). The findings include: On March 16, 2026, at approximately 11:15 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she was responsible for all orientation requirements for the licensee. ULP-B	01530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01530	Continued From page 59 ULP-B was hired on September 12, 2025, to provide direct care to the residents working full time (40 hours a week). ULP-B's personnel record lacked the required two hours of mental illness and de-escalation training within 160 hours of working for the licensee. ULP-C ULP-C was hired on October 3, 2025, to provide direct care to the residents working full time (40 hours a week). ULP-C's personnel record lacked the required two hours of mental illness and de-escalation training within 160 hours of working for the licensee. On March 16, 2026, 2026, at approximately 3:10 p.m., LALD/CNS-A stated the initial mental illness and de-escalating training was not completed for any employees of the licensee. LALD/CNS-A also stated they were unaware of the mental illness and de-escalating training requirement. The licensee's Dementia Training and Disclosure policy, undated, indicated the licensee would meet the training requirements. The licensee's policy referenced 144A Statutes, not 144G Statutes which the licensee operated under. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01610 SS=F	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring	01610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01610	Continued From page 60 (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted an initial physical and cognitive assessment on or before the move-in date for two of seven residents (R1, R7). 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 potential to affect a large portion or all of the residents). The findings include: On March 16, 2026, at approximately 11:05 a.m.,	01610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01610	Continued From page 61 during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a census of six (6) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 resided at the 7533 address. R1 R1 was admitted on March 15, 2026. On March 16, 2026, at approximately 11:35 a.m., ULP-B provided an untitled one-page document and stated this was R1's blood glucose check record for March 15, 2026, and March 16, 2026. This document indicated R1's blood glucose checks were performed by the licensee's staff. On March 16, 2026, at approximately 11:45 a.m., LALD/CNS-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. The licensee failed to develop and implement a resident record for R1 prior to being admitted and lacked evidence that the licensee conducted an initial RN assessment for R1. R7 R7 was admitted on October 16, 2025. On March 16, 2026, at approximately 12:00 p.m., the surveyor observed another resident (R7) in the licensee's assisted living (AL) facility, residing in bedroom two (2) at the 7533 address. On March 16, 2026, at approximately 12:05 p.m., LALD/CNS-A stated R7 was not a resident of the licensee's AL facility and was not counted as part	01610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01610	Continued From page 62 of the census. LALD/CNS-A also stated R7 was a respite care client of a home care (HC) license under the same ownership umbrella as the licensee. R7's resident record indicated documents related to a HC license and lacked evidence that the licensee conducted an initial RN assessment related to the licensee's AL license for R7. On March 17, 2026, at approximately 10:05 p.m., ULP-C stated R7 received similar AL services as the other residents that resided in the licensee's facility. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1 and R7. The licensee's Nursing Assessment and Reassessment of Residents policy, undated, indicated the licensee would conduct an RN assessment on the resident the day the resident moves in or prior to the date on which the resident executes a contract with the facility, whichever is earlier. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01610		
01630 SS=F	144G.70 Subd. 3 Temporary service plan When a facility initiates services and the individualized assessment required in subdivision	01630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01630	Continued From page 63 2 has not been completed, the facility must complete a temporary plan and agreement with the resident for services. A temporary service plan shall not be effective for more than 72 hours. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a temporary service plan when services are initiated for a new resident prior to completion of the individualized resident assessment for one of seven residents (R1). 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 potential to affect a large portion or all of the residents). The findings include: R1 was admitted on March 15, 2026. On March 16, 2026, at approximately 11:30 a.m., unlicensed personnel (ULP)-B provided an untitled one-page document and stated this was R1's vital signs record for March 15, 2026, and March 16, 2026. This document indicated R1's blood pressure, pulse, and temperature readings were performed by the licensee's staff. On March 16, 2026, at approximately 11:35 a.m., ULP-B provided an untitled one-page document and stated this was R1's blood glucose check record for March 15, 2026, and March 16, 2026.	01630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01630	Continued From page 64 This document indicated R1's blood glucose checks were performed by the licensee's staff. On March 16, 2026, at approximately 11:45 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. On March 16, 2026, at approximately 11:50 a.m., LALD/CNS-A stated she planned on developing a resident record for R1 starting today but the assisted living survey interrupted her plan. The licensee failed to develop and implement a resident record for R1 prior to being admitted and lacked evidence that the licensee completed a temporary service plan for R1. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the home care (HC) license requirements with the assisted living (AL) license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1. The licensee's Service Plan policy, undated, indicated the licensee would develop a temporary service plan when services are initiated for a new resident prior to completion of the individualized resident assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01640	Continued From page 65	01640		
01640 SS=F	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, 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 finalize a written service plan (SP) within 14 calendar days after the initiation of services for one of seven residents (R7). 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	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01640	Continued From page 66 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On March 16, 2026, at approximately 11:05 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a census of six (6) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 resided at the 7533 address. On March 16, 2026, at approximately 12:00 p.m., the surveyor observed another resident (R7) in the licensee's assisted living (AL) facility, residing in bedroom two (2) at the 7533 address. On March 16, 2026, at approximately 12:05 p.m., LALD/CNS-A stated R7 was not a resident of the licensee's AL facility and was not counted as part of the census. LALD/CNS-A also stated R7 was a respite care client of a home care (HC) license under the same ownership umbrella as the licensee. LALD/CNS-A further stated the license started to provide services to R7 on R7's admit date. R7 was admitted on October 16, 2025, to the licensee's AL facility. R7's resident record indicated documents related to a HC license and lacked evidence that the licensee finalized a SP related to the licensee's AL license for R7. On March 17, 2026, at approximately 10:05 p.m., ULP-C stated R7 received similar AL services as	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01640	Continued From page 67 the other residents that resided in the licensee's facility. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R7. The licensee's Service Plan policy, undated, indicated the licensee would finalize a SP with each resident no later than 14 calendar days after the start of service. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01650 SS=E	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility;	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01650	Continued From page 68 (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure residents' service plans included all required content for two of five residents (R3, R4). 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 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: On March 16, 2025, approximately 11:05 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she developed and maintained all the service plans for all the residents.	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01650	Continued From page 69 R3 R3 was admitted on December 18, 2024. R3's current service plan was signed December 18, 2024. R3's service plan lacked the fees for services. R4 R4 was admitted on January 6, 2024. R4's current service plan was signed January 6, 2024. R4's service plan lacked the fees for services. On March 16, 2026, at approximately 3:30 p.m., LALD/CNS-A acknowledged R3's and R4's service plan lacked the required content and stated it was an oversight. LALD/CNS-A also stated she would update R3's and R4's service plan to include the required content. The licensee's 6.08 Service Plan policy dated February 10, 2022, indicated all required content for residents' service plans would be included. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		
01700 SS=F	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional,	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01700	Continued From page 70 or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. 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) completed initial assessments for medication management services for two of seven residents (R1, R7). 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 potential to affect	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01700	Continued From page 71 a large portion or all of the residents). The findings include: On March 16, 2026, at approximately 11:05 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a census of six (6) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 resided at the 7533 address. R1 R1 was admitted on March 15, 2026. On March 16, 2026, at approximately 11:45 a.m., LALD/CNS-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. On March 16, 2026, at approximately 2:00 p.m., R1 stated he had prescription medications in storage outside the licensee's facility that was needed to administer medications on R1. On March 16, 2026, at approximately 3:30 p.m., LALD/CNS-A stated she needed to work on acquiring R1's medications from storage. R7 On March 16, 2026, at approximately 12:00 p.m., the surveyor observed another resident (R7) in the licensee's assisted living (AL) facility, residing in bedroom two (2) at the 7533 address. On March 16, 2026, at approximately 12:05 p.m., LALD/CNS-A stated R7 was not a resident of the licensee's AL facility and was not counted as part	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01700	Continued From page 72 of the census. LALD/CNS-A also stated R7 was a respite care client of a home care (HC) license under the same ownership umbrella as the licensee. LALD/CNS-A further stated the license started to provide services to R7 on R7's admit date. R7 was admitted on October 16, 2025. R7's Home Health Aide Care Plan signed by R7 on October 15, 2025, indicated the licensee provided assistance with medications and medication administration for R7. R1 and R7's records lacked initial medication management assessments to determine what medication management services will be provided and how the services will be provided. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1 and R7. The licensee's Individualized Medication Management Plan and Record policy, undated, indicated the licensee would complete initial assessments for residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan	01730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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 73 (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 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	01730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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 74 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 an individualized medication management record for two of seven residents (R1, R7). 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 potential to affect a large portion or all of the residents). The findings include: On March 16, 2026, at approximately 11:05 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a census of six (6) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 resided at the 7533 address. R1 R1 was admitted on March 15, 2026. On March 16, 2026, at approximately 11:45 a.m., LALD/CNS-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop	01730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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 75 a resident record. On March 16, 2026, at approximately 2:00 p.m., R1 stated he had prescription medications in storage outside the licensee's facility that was needed to administer medications on R1. On March 16, 2026, at approximately 3:30 p.m., LALD/CNS-A stated she needed to work on acquiring R1's medications from storage. R7 On March 16, 2026, at approximately 12:00 p.m., the surveyor observed another resident (R7) in the licensee's assisted living (AL) facility, residing in bedroom two (2) at the 7533 address. On March 16, 2026, at approximately 12:05 p.m., LALD/CNS-A stated R7 was not a resident of the licensee's AL facility and was not counted as part of the census. LALD/CNS-A also stated R7 was a respite care client of a home care (HC) license under the same ownership umbrella as the licensee. LALD/CNS-A further stated the license started to provide services to R7 on R7's admit date. R7 was admitted on October 16, 2025. R7's Home Health Aide Care Plan signed by R7 on October 15, 2025, indicated the licensee provided assistance with medications and medication administration for R7. R1 and R7's records lacked individualized medication management plans. On March 17, 2026, at approximately 10:05 p.m., unlicensed personnel (ULP)-C stated R7 received similar AL services and medication administration	01730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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 76 as the other residents that resided in the licensee's facility. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the HC license requirements with the AL license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1 and R7. The licensee's Individualized Medication Management Plan and Record policy, undated, indicated the licensee would complete individualized medication management records for residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01820 SS=F	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 written or electronically recorded prescriptions were obtained for one of seven residents (R1). 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	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01820	Continued From page 77 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 potential to affect a large portion or all of the residents). The findings include: R1 was admitted on March 15, 2026. R1's record lacked written or electronically recorded prescriptions. On March 16, 2026, at approximately 11:45 a.m., licensed assisted living director (LALD/CNS)-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. On March 16, 2026, at approximately 2:00 p.m., R1 stated he had prescription medications in storage outside the licensee's facility that was needed to administer medications on R1. On March 16, 2026, at approximately 3:30 p.m., LALD/CNS-A stated she needed to work on acquiring R1's medications from storage. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the home care license requirements with the assisted living (AL) license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1. The licensee's Medication Prescriptions and Refills policy, undated, indicated the licensee	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01820	Continued From page 78 would obtain prescriber's prescriptions for resident medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01830 SS=D	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prescriptions were renewed at least every 12 months for one of five residents (R3). 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: R3 was admitted on December 18, 2024. R3's record included prescriber orders signed February 20, 2025, was identified by licensed	01830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01830	Continued From page 79 assisted living director/clinical nurse supervisor (LALD/CNS)-A as R3's annual orders. On March 16, 2026, at approximately 3:45 p.m., LALD/CNS-A stated R3's annual orders were overdue, and the licensee was working on obtaining the renewed prescriptions. The licensee's 7.18 Medication & Treatment Orders - Renewal, dated February 10, 2022, indicated the licensee would renew resident medication orders at least every 12 months or more frequently as required. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01830		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01940	Continued From page 80 (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a treatment or therapy management plan for one of seven residents (R1). 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 potential to affect a large portion or all of the residents). The findings include: R1 was admitted on March 15, 2026. R1's record lacked an individualized treatment management plan. On March 16, 2026, at approximately 11:35 a.m., unlicensed personnel (ULP)-B provided an	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01940	Continued From page 81 untitled one-page document and stated this was R1's blood glucose check record for March 15, 2026, and March 16, 2026. This document indicated R1's blood glucose checks were performed by the licensee's staff. On March 16, 2026, at approximately 11:45 a.m., licensed assisted living director (LALD/CNS)-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1. LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the home care license requirements with the assisted living (AL) license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1. The licensee's Treatment and Therapy Management Plan policy, undated, indicated the licensee would develop a treatment or therapy plan for residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01970 SS=F	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01970	Continued From page 82 information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to obtain a treatment or therapy management prescriber's order for one of seven residents (R1). 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 potential to affect a large portion or all of the residents). The findings include: R1 was admitted on March 15, 2026. R1's record lacked prescriber's orders for blood sugar checks. On March 16, 2026, at approximately 11:35 a.m., unlicensed personnel (ULP)-B provided an untitled one-page document and stated this was R1's blood glucose check record for March 15, 2026, and March 16, 2026. This document indicated R1's blood glucose checks were performed by the licensee's staff. On March 16, 2026, at approximately 11:45 a.m., licensed assisted living director (LALD/CNS)-A stated R1 was admitted on March 15, 2026, and no resident record was available for R1.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01970	Continued From page 83 LALD/CNS-A also stated the licensee had five days after a resident was admitted to develop a resident record. On March 23, 2026, at approximately 9:20 a.m., by phone interview, LALD/CNS-A stated she confused the home care license requirements with the assisted living (AL) license requirements. LALD/CNS-A acknowledged the licensee should have followed AL license requirements for R1. The licensee's Treatment and Therapy Management Plan policy, undated, indicated the licensee would obtain treatment or therapy orders before services are provided for residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the required notice was posted at the main entryway of the establishment to display statutory language to disclose electronic monitoring activity, potentially	03090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
03090	Continued From page 84 affecting all current residents in the assisted living facility, staff, and any visitors to the facility. This practice resulted in a level one violation (a violation that has not potential to cause more than a 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 potential to affect a large portion or all the residents). The findings include: The licensee's campus facility was a duplex structure that had two (2) separate addresses (7531, 7533) with similar sides that contained 2 levels and five (5) resident bedrooms on each side. Each address had an entrance on the main level with an entryway that had stairs leading up to the upper level. The licensee had a census of seven (7) residents. R1, R2, R3, R4, and R5 resided at the 7531 address and R6 and R7 resided at the 7533 address. On March 16, 2026, at 9:45 a.m., the surveyor observed the main entrances accessible by visitors to the facility. The 7531 address had the required notice for electronic monitoring, but the 7533 address lacked the required notice for electronic monitoring. On March 24, 2026, at 9:25 a.m., by phone interview, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she thought the required electronic monitoring notice was posted at each entrance and was an oversight.	03090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39498	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT ASSISTED LIVING LLC	7531 BRUNSWICK AVENUE NORTH BROOKLYN PARK, MN 55443

(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
03090	Continued From page 85 The licensee's Electronic Monitoring policy, undated, indicated the licensee would comply with the Minnesota electronic monitoring law. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	03090		

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

PLEASANT ASSISTED LIVING LLC
7531 Brunswick Ave North

Brooklyn Park, MN 55443
Hennepin County
Parcel:

Phone:

License Info

License: HFID 39498

Risk:
License:
Expires on:
CFPM: Chizoleston U. Azonwu
CFPM #: 7433; Exp: 3/30/2028

Inspection Info

Report Number: F1063261065
Inspection Type: Follow-up - Single
Date: 3/17/2026 Time: 3:23:03 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

Follow-up report is to address and clear previously written orders from a full inspection conducted on 3/16/2026. Operator emailed pictures of the completed dish machine sanitizing temperature test, and records of ongoing test kit use on 3/17/2026. Orders for MN rules 4626.0710B and 4626.0905B were removed.

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 F1063261065 from 3/17/2026

Ballah Dwapu
Assisted Living Director

Laura Yang,
Public Health Sanitarian 1
651-201-3581
laura.yang@state.mn.us

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

Sanitizer Observations/Recordings

Establishment Info

PLEASANT ASSISTED LIVING LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1063261065
Inspection Type: Follow-up
Date: 3/17/2026
Time: 3:23:03 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 180 Degrees F.
Comment:
Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL39498016-0	**Date:** 3/16/2026
Facility Name: Pleasant Assisted Living LLC	
Facility Address: 7531 Brunswick Ave N, Brooklyn Park MN 55443	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 3; Widespread **TIME PERIOD OF CORRECTION:** Two (2) 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: On the 7531 side of the building there was evidence of unsafe smoking happening in the following locations: resident room 2 had ash on the floor near the bed, and on a folding chair that held the television, resident room 3 had burn marks on the bedding, resident room 5 had black marks and ash on a dresser, resident room 4 had burn marks on a bar stool. Outside of the entrance to the facility there were two potted plants that had discarded cigarettes in them. Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated that they were not aware that the residents had been smoking in the building.

3. Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used. [Minn. Stat. 144G.45 subd. 2; MSFC 604.1]

   Comments: In resident room 4 there was a power strip that was in use that had a charred, discolored, and melted outlet on it. The resident stated that they had previously had a portable space heater plugged into the power strip.

☒ **TAG IDENTIFICATION: 0780**

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

1. Smoke alarms are provided in each room used for sleeping purposes. [Minn. Stat. 144G.45 subd.2]

Comments: In the 7531 building occupied resident room 1 there was a missing smoke alarm. There was a bracket mounted to the ceiling, but there was no smoke alarm present. LALD/CNS-A stated that they were not sure where the smoke alarm was. LALD/CNS-A was unable to locate the smoke alarm during the survey.

2. Smoke alarms shall be 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: During the facility tour the surveyor requested LALD/CNS-A test the interconnected smoke alarms in the facility. LALD/CNS-A stated that they could not reach the smoke alarms and had unlicensed personnel (ULP)-C test the interconnected smoke alarms. The 7531 building was equipped with two smoke alarms in the common hallway on first and second floor. The smoke alarms in the first floor common hallway were not interconnected with any other smoke alarms in the facility. One of the smoke alarms in the lower level was interconnected. The second smoke alarm in the lower level was not interconnected and only sounded locally.

   The 7533 building was equipped with two smoke alarms in the common hallway on the first floor and second floor. The smoke alarms in the common hallways were not interconnected with any other smoke alarms throughout the facility and only sounded locally.

☒ **TAG IDENTIFICATION: 0800**

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

---

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

   Comments: In the 7533 building, when ULP-C attempted to test the interconnected smoke alarms, none of the smoke alarms in the resident rooms would operate.

   In the 7533 building, the attached garage service door was missing the handle and latch. There was a rag stuck in the hole where the hardware should have been. LALD/CNS-A stated that the handle had fallen off and that maintenance was supposed to replace it soon.

   In the 7533 building, one of the two smoke alarms installed in the first floor common hallway was chirping with a low battery alarm after it was tested by ULP-C.

   In the 7531 building there were missing light globes in resident room 1, resident room 2, resident room 3, resident room 5, and lower level hallway.

In the 7531 building mechanical room there was a wash tub that had a faucet installed. The spout for the faucet was missing and was located in the bottom of the wash tub.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 3; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

---

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) 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 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 provided FSEP was from a third-party provider and had not been updated to the specific facility.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) 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.

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include 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 evacuation. [Minn. Stat. 144G.45 subd.2]

   Comments: *The FSEP included standard resident evacuation procedures but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan included instructions to evacuate residents but did not include any procedures for assisting residents during evacuation nor did it include instructions for staff to follow in case of relocation.*

4. Employees of assisted living facilities shall receive training on the fire safety and evacuation plans (FSEP) upon hiring and at least twice per year thereafter. [Minn. Stat. 144G.45 subd.2]

   Comments: The surveyor requested staff training documentation on the FSEP at 1:20 p.m. and again at 1:40 p.m. At 1:41 LALD/CNS-A showed the surveyor a word document on their computer that appeared to be a blank training record. The surveyor again requested staff training documentation on the FSEP. None was provided during the survey.

5. 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. [Minn. Stat. 144G.45 subd.2]

   Comments: The surveyor requested resident training documentation on the FSEP at 1:20 p.m. and again at 1:40 p.m. No resident training documentation was provided to review during the survey.

6. Evacuation drills are required for employees 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. [Minn. Stat. 144G.45 subd.2]

   Comments: LALD/CNS-A provided 3 fire drill forms that were incomplete. One of the fire drill forms had a date of 3/7/2026 on the bottom. No time was present on the form. The actions taken portion of the form were not filled out. The other two fire drill forms lacked dates and times, and the actions taken portion of the form were not filled out.