Electronically Delivered

July 8, 2026

Licensee
Sunshine Assisted Living Services L. L. C.
9540 Columbus Avenue South
Bloomington, MN 55420

RE: Project Number(s) SL35372016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 16, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

pursuant to this survey:

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $2,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

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

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

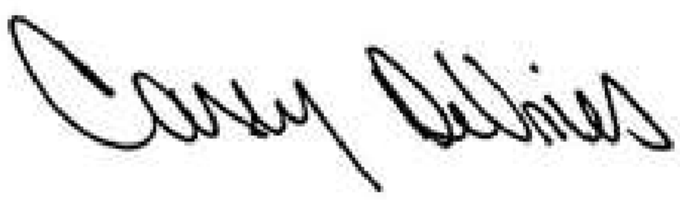
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms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

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

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35372	A. BUILDING: _____ B. WING _____	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ASSISTED LIVING SERVI	9540 COLUMBUS AVENUE SOUTH BLOOMINGTON, MN 55420

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL35372016-0 On June 15, 2026, through June 16, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there was one resident receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 330 SS=F	144G.30 Subd. 4 Information provided by facility (a) The assisted living facility shall provide	0 330		

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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 observation, interview, and record review, the licensee failed to provide the Minnesota Department of Health (the Department) 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: On June 15, 2026, the licensee provided the surveyor with unlicensed personnel (ULP)-A's employee record, which included a document titled with the licensee's name. The document's page number was A-100. The document had two columns, one to record a date and one for a signature to indicate annual review of the licensee's policies and procedures within the manual. The document indicated that ULP-A	0 330		

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0 330	Continued From page 2 reviewed the licensee's policies and procedures on August 3, 2022, August 3, 2023, and August 3, 2024. The August 3, 2022, and Augst 3, 2024, dates and signatures were written in black ink and the August 3, 2023, date and signature were written in blue ink. The surveyor electronically scanned the document and left the document with the licensee. On June 16, 2026, at 10:59 a.m., the surveyor requested to see documentation of ULP-A's annual review of the licensee's policies and procedures for the years 2025 or 2026. Owner/licensed assisted living director (O/LALD)-D stated, "23 and 24". The surveyor again stated they needed the documentation for 2025 or 2026. The surveyor observed O/LALD-D stand up from the couch and walk to a desk located in a room adjacent to the room the surveyor was in. When O/LALD-D returned from the adjacent room they provided the surveyor with the same document as was provided the day before, however, two additional dates with signatures had been added. The document indicated ULP-A had reviewed the licensee's policies and procedures on August 5, 2025, and September 3, 2026. On June 16, 2026, at 11:04 a.m., the surveyor showed O/LALD-D the scan of first document provided to the surveyor on June 15, 2026, using the surveyor's laptop computer. The surveyor asked to see that same document from the employee file. O/LALD-D stated they would have to look for it as they were unable to find it. The surveyor inquired if O/LALD-D just wrote the 2025 and 2026 dates on the document when they left to the adjacent room. O/LALD-D stated, "yes, I did. I am sorry."	0 330		

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0 330	Continued From page 3 No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 330		
0 460 SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide a means to request assistance for health and safety needs 24 hours a day, seven days a week for one of one resident (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	0 460		

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0 460	Continued From page 4 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 to the licensee on September 3, 2020, under the licensee's previous comprehensive license and began receiving assisted living services on August 1, 2021. R1's diagnoses included hemiplegia with paresis upper and lower right side, cerebrovascular accident (CVA) (stroke), anemia, and depression. R1's Service Plan dated January 2, 2025, indicated R1 received assistance with medication administration, treatments as ordered by prescriber, bathing, grooming, dressing, laundry, housekeeping, meals, transportation, skin care, positioning, transfers, ambulation, and socialization. On June 15, 2026, at 9:27 a.m., during the entrance conference, owner/licensed assisted living director (O/LALD)-D stated the licensee did not have a system for residents to summon staff 24 hours per day. O/LALD-D stated the facility was small and a staff member was always present. O/LALD-D stated R1 texted staff if they needed anything from their personal phone which the facility did not provide to R1. On June 15, 2026, at approximately 10:00 a.m., during a facility tour, the surveyor observed a two-level home and did not observe call lights, call pendants, or bells located in resident rooms	0 460		

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0 460	Continued From page 5 or in the common areas. On June 16, 2026, at 7:52 a.m., the surveyor observed R1 walk from their bedroom to the kitchen table. R1's gait was shuffled and slow paced and their right arm was paralyzed with a contracted right hand. On June 16, 2026, at 8:55 a.m., R1 stated they come out of the room, text, or yell from the room when they need assistance. R1 said they did not have a call button or bell to use, but they would like one to call for staff assistance. R1 stated they had one at their previous facility and it worked well for them due to their disability. On June 16, 2026, at 9:30 a.m., clinical nurse supervisor (CNS)-C stated R1 knew there was always a staff member in the facility to help them. CNS-C stated R1 could either call out the staff members' names or R1 had a phone they could text on. CNS-C stated the facility had one resident and always had one staff member present. The surveyor inquired if the licensee provided R1 with anything to summon staff. CNS-C stated they did not know, and the surveyor would have to ask O/LALD-D. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 460		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter	0 480		

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0 480	Continued From page 6 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part	0 480		

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0 480	Continued From page 7 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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, Food and Beverage Establishment Inspection Report (FBEIR) dated June 16, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		

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0 485	Continued From page 8	0 485		
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living package fee for one of one resident (R1). 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).	0 485		

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0 485	Continued From page 9 The findings include: R1 was admitted to the licensee on September 3, 2020, under the licensee's previous comprehensive license and began receiving assisted living services on August 1, 2021. The licensee's blank Resident Contract for Assisted Living and R1's Resident Contract for Assisted Living signed January 2, 2026, included the following statement, "This Assisted Living Facility offers all of the following (included in the Month Base Fee): - at least three meals daily with snacks available seven (7) days per week." The contract included verbiage requiring residents to pay for their meals as part of their assisted living package fee and lacked the option to opt out of the meal plan. On June 16, 2026, at 11:46 a.m., owner/licensed assisted living director (O/LALD)-D stated they knew meals could not be included as part of the assisted livings base fee. O/LALD-D stated, "oh that is not supposed to be there." O/LALD-D stated the licensee purchased the contract from a third party and they were told the contract was "correct" and they would not have to change the wording. The licensee's undated Assisted Living Contracts policy indicated the minimum requirements for assisted living require that three meals and snacks must be made available and indicated that the facility cannot require a resident to include and pay for meals in their contract. No further information was provided.	0 485		

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0 485	Continued From page 10 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 650 SS=E	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 by: Based on interview and record review, the licensee failed to ensure employee records included all required content for two of three employees (unlicensed personnel (ULP)-B, ULP-E). This practice resulted in a level two violation (a	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35372	A. BUILDING: _____ B. WING _____	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ASSISTED LIVING SERVI	9540 COLUMBUS AVENUE SOUTH BLOOMINGTON, MN 55420

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0 650	Continued From page 11 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: ULP-B ULP-B was hired on March 14, 2020, under the licensee's former comprehensive license, and began providing assisted living services on August 1, 2021. ULP-B's employee record included annual employee performance reviews completed on March 15, 2022, and July 21, 2024. ULP-B's employee record lacked performance evaluations for the years 2023 and 2025. ULP-E ULP-E was hired on October 13, 2023, to provide assisted living services to residents. ULP-E's employee record lacked performance evaluations for the years 2024 and 2025. On June 16, 2026, at 10:36 a.m., owner/licensed assisted living director (O/LALD)-D stated they conducted performance reviews yearly. O/LALD-D stated they must have misplaced 2023 and 2025 performance evaluations for ULP-B. On June 16, 2026, at 11:11 a.m., O/LALD-D stated they did not have a performance evaluation for ULP-E. O/LALD-D stated ULP-E	0 650		

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0 650	Continued From page 12 worked part time and they had not worked at the facility for a while due to being on vacation for a "couple" of months. The licensee's undated Performance Evaluations policy indicated a competency-based performance evaluation would be conducted for all employees after one year of employment and at least annually thereafter. 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	0 680		

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	35372	A. BUILDING: _____ B. WING _____	06/16/2026

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0 680	Continued From page 13 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 by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the potential to affect all 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's emergency preparedness plan dated May 16, 2020, lacked evidence of the following required content: - annual review; - strategies for addressing facility and community-based risks which included staffing shortages; - quarterly missing resident plan review; - subsistence needs for staff and residents; - sewage and waste disposal; - procedures for medical documents; - procedures for volunteers; and - emergency officials contact information. On June 16, 2026, at 11:20 a.m., owner/licensed	0 680		

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0 680	Continued From page 14 assisted living director (O/LALD)-D stated it had been a couple of years since they had reviewed the licensee's EPP. O/LALD-D stated the EPP did not address staffing shortages or sewage and waste. O/LALD-D stated they reviewed the missing resident plan yearly or if the facility had an incident related to a missing resident. O/LALD-D stated the EPP did not address volunteers however, they would utilize friends if there was an emergency. O/LALD-D stated they did not have a procedure for medical documents however, the documents were all locked in file cabinets. O/LALD-D was able to find five emergency telephone numbers however, the EPP lacked local emergency official, state licensing and certification agency, and federal emergency telephone numbers. The licensee's undated Emergency Management Policy indicated the licensee would have an identified plan in place to ensure the safety and well-being of residents and employees during periods of an emergency or a disaster that disrupts facility services. Minnesota Administrative Rule 4659.0100 Emergency Disaster and Preparedness Plan dated August 11, 2021, indicated assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. The code references documents, specifications, methods, and standards in the State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 680		

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0 680	Continued From page 15 (21) days	0 680		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated June 16, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		

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	35372	A. BUILDING: _____ B. WING _____	06/16/2026

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0 810	Continued From page 16	0 810		
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 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	0 810		

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0 810	Continued From page 17 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 Environment Inspection Report (PEIR) dated June 16, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by:	0 970		

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0 970	Continued From page 18 Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident for one of one resident (R1). 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: R1 was admitted to the licensee on September 3, 2020, under the licensee's previous comprehensive license and began receiving assisted living services on August 1, 2021. The licensee's blank Resident Contract for Assisted Living and R1's Resident Contract for Assisted Living signed January 2, 2026, included the following language waving the licensee's liability for health, safety, or personal property of a resident: - "We are not responsible for any damage or injury suffered by you, your property, your guests or their property that was not caused by us." On June 16, 2025, at 11:42 a.m., owner/licensed assisted living director (O/LALD)-D stated they were not aware of the statute that indicated the contract could not waive the facility's liability, and they did not realize the contract was worded that way. The licensee's undated Assisted Living Contracts	0 970		

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	35372	A. BUILDING: _____ B. WING _____	06/16/2026

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0 970	Continued From page 19 policy indicated the contract must not include a waiver of facility liability for the health and safety or personal property of a resident. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01330 SS=D	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to successfully complete training appropriate to the services provided by the facility and the topics listed in section 144G.61, subdivision 2, paragraph (a) for one of three unlicensed personnel (ULP)-A.	01330		

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	35372	A. BUILDING: _____ B. WING _____	06/16/2026

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01330	Continued From page 20 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was admitted to the licensee on September 3, 2020, under the licensee's previous comprehensive license and began receiving assisted living services on August 1, 2021. R1's diagnoses included hemiplegia with paresis upper and lower right side, cerebrovascular accident (CVA) (stroke), anemia, and depression. R1's Service Plan dated January 2, 2025, indicated R1 received assistance with medication administration, treatments as ordered by prescriber, bathing, grooming, dressing, laundry, housekeeping, meals, transportation, skin care, positioning, transfers, ambulation, and socialization. R1's 90 day Assisted Living Reassessment dated May 27, 2026, indicated R1 was at risk for falls and needed clear walkways. On June 16, 2026, at 7:52 a.m., the surveyor entered the facility and was greeted by ULP-A. ULP-A was the only staff member present at the assisted living facility.The surveyor observed R1 walk from their bedroom to the kitchen table. R1's gait was shuffled and slow paced and their right	01330		

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	35372	A. BUILDING: _____ B. WING _____	06/16/2026

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01330	Continued From page 21 arm was paralyzed with a contracted right hand. ULP-A was hired on August 3, 2021, to provide assisted living services to residents. ULP-A's employee file lacked training related to falls. On June 16, 2026, at 11:06 a.m., owner/licensed assisted living director (O/LALD)-D stated they trained staff on falls in EduCare (a training software program). O/LALD-D stated ULP-A's EduCare transcript did not include falls, and they believed the EduCare system deleted the course from the transcript because the course had been in the system for an extended period of time. The licensee's undated competency Evaluations policy indicated ULP must receive training on the prevention of falls and documentation of the training would be kept in the employee file. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01330		
01500 SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01500	Continued From page 22 staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or	01500		

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01500	Continued From page 23 (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received at least eight (8) hours of training that included the required annual training content for each 12 months of employment for three of three employees (unlicensed personnel (ULP)-A, ULP-B, ULP-E). 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: ULP-A ULP-A was hired on August 3, 2021, to provide assisted living services to residents. ULP-A's employee record lacked the following required annual training for the year 2025: - review of provider's policies and procedures. ULP-B ULP-B was hired on March 14, 2020, under the licensee's former comprehensive license, and	01500		

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01500	Continued From page 24 began providing assisted living services on August 1, 2021. ULP-B's employee record lacked the following required annual training for the year 2025: - reporting maltreatment of vulnerable adults; - assisted living bill of rights; - infection control; and - effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with resident's who have dementia, Alzheimer's disease, or related disorders. ULP-E ULP-E was hired on October 13, 2023, to provide assisted living services to residents. ULP-E's employee record lacked the following required annual training for the year 2025: - review of provider's policies and procedures. On June 16, 2026, at 9:35 a.m., clinical nurse supervisor (CNS)-C stated the licensee completed annual training via EduCare (a training software program) and then completed a medication and personal care training annually. CNS-C stated they reviewed policies and procedures with employees and then if they did not understand the policies and procedures they provided more education. On June 16, 2026, at 10:37 a.m., owner/licensed assisted living director (O/LALD)-D stated ULP-B's employee record lacked the required content listed above. O/LALD-D stated they believed the EduCare system deleted the courses off the transcript. On June 16, 2026, at 10:59 a.m., the surveyor	01500		

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	35372	A. BUILDING: _____ B. WING _____	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ASSISTED LIVING SERVI	9540 COLUMBUS AVENUE SOUTH BLOOMINGTON, MN 55420

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01500	Continued From page 25 requested to see documentation of ULP-A's annual review of the licensee's policies and procedures for the years 2025 or 2026. O/LALD-D stated, "23 and 24". The surveyor again stated they needed the documentation for 2025 or 2026. The surveyor observed O/LALD-D stand up from the couch and walk to a desk located in a room adjacent to the room the surveyor was in. When O/LALD-D returned from the adjacent room they provided the surveyor with the same document as was provided the day before, however, two additional dates with signatures had been added. The document indicated ULP-A had reviewed the licensee's policies and procedures on August 5, 2025, and September 3, 2026. On June 16, 2026, at 11:04 a.m., the surveyor showed O/LALD-D the scan of first document provided to the surveyor on June 15, 2026, using the surveyor's laptop computer. The surveyor asked to see that same document from the employee file. O/LALD-D stated they would have to look for it as they were unable to find it. The surveyor inquired if O/LALD-D just wrote the 2025 and 2026 dates on the document when they left to the adjacent room. O/LALD-D stated, "yes, I did. I am sorry." On June 16, 2026, at 11:13 a.m., O/LALD-D stated ULP-E's employee record lacked annual training for policies and procedures for the year 2025. The licensee's undated Annual Training Requirements policy indicated all staff that provided direct care services in assisted living must complete at least eight hours of annual training for each 12 months of employment and must include the following content:	01500		

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01500	Continued From page 26 - reporting of maltreatment of vulnerable adults under section 626.557; - assisted living bill of rights; - review of infection control techniques; - effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease or related disorders; - review of the facilities policies and procedures; and - principles of person-centered planning. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
01530 SS=E	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),	01530		

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01530	Continued From page 27 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 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 provide two hours of initial training for employees hired prior to July 1, 2025, related to mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8) for two of three employees (unlicensed personnel (ULP-B, ULP-E). 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	01530		

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01530	Continued From page 28 than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: ULP-B ULP-B was hired on March 14, 2020, under the licensee's former comprehensive license, and began providing assisted living services on August 1, 2021. The licensee's Employee work schedule indicated ULP-B was scheduled to work on June 20, 21, and 22, 2026, from 9:30 a.m. to 9:30 p.m. ULP-B's employee record included an EduCare (a training software) transcript dated June 15, 2026, which indicated ULP-B received one hour of mental illness training on November 8, 2025. ULP-E ULP-E was hired on October 13, 2023, to provide assisted living services to residents. ULP-E's employee record included an EduCare transcript dated June 16, 2026, which indicated ULP-E received one hour of mental health training on November 8, 2025. On June 16, 2026, at 9:08 a.m., owner/licensed assisted living director (O/LALD)-D stated they believed mental health training was a new regulation that their staff just completed training on. O/LALD-D stated they would have to check how many hours they provided but believed they provided staff with two hours of mental health training. On June 16, 2026, at 9:42 a.m. clinical nurse	01530		

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01530	Continued From page 29 supervisor (CNS)-C stated the licensee used EduCare to provide mental health training to staff. CNS-C stated they did not know how many hours were provided for staff and they would have to check to see. On June 16, 2026, at 10:54 a.m., O/LALD-D was able to provide the surveyor with 45 minutes of additional mental health training for ULP-B. ULP-B's employee record still lacked 15 minutes of mental health training. On June 16, 2026, at 10:54 a.m., O/LALD-D stated ULP-E was provided one hour of mental health training. O/LALD-D stated they provided their staff members with the following courses on mental health: - mental health illness that was 45 minutes in length; and - mental illness response strategies that was one hour in length. O/LALD-D stated they were going to contact EduCare to add an additional mental health course. On June 16, 2026, at 11:11 a.m., O/LALD-D stated ULP-E worked part time at the facility and they had not worked at the facility for a couple of months due to being on vacation. The licensee's policies and procedures did not include a policy that addressed mental illness and de-escalation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		

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01620	Continued From page 30	01620		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be	01620		

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01620	Continued From page 31 completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a comprehensive assessment to include all required content on the uniform assessment tool for one of one resident (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) 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: R1 was admitted to the licensee on September 3, 2020, under the licensee's previous comprehensive license and began receiving assisted living services on August 1, 2021. R1's diagnoses included hemiplegia with paresis upper and lower right side, cerebrovascular accident (CVA) (stroke), anemia, and depression.	01620		

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01620	Continued From page 32 R1's Service Plan dated January 2, 2025, indicated R1 received assistance with medication administration, treatments as ordered by prescriber, bathing, grooming, dressing, laundry, housekeeping, meals, transportation, skin care, positioning, transfers, ambulation, and socialization. R1's ongoing nursing assessments dated November 29, 2025, February 27, 2026, and April 27, 2026, lacked the following content from the uniform assessment tool: - dressing; - grooming; - bathing; - personal hygiene; - ambulation; - transfers; - instrumental activities of daily living; - allergies; and - weight. On June 16, 2026, at 9:55 a.m., clinical nurse supervisor (CNS)-C stated they asked R1 about their activities of daily living (ADLs) with every assessment and if they noticed a change in R1 abilities the form had an open section where they could write comments related to activities of daily living. CNS-C stated they could see how the licensee's current ongoing assessment form did not address the areas listed above. CNS-C said R1's progress notes potentially could have information related to R1's ADLs. The surveyor did not receive additional progress notes prior to the completion of the survey. The licensee's undated Comprehensive Resident Assessment policy indicated the ongoing assessments are the foundation for establishing	01620		

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01620	Continued From page 33 the resident service plan that addressed resident's needs and preferences and provide direction to facility staff. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		

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

Sunshine Assisted Living Services
9540 COLUMBUS AVENUE SOUTH
Bloomington, MN 55420
Hennepin County
Parcel:

Phone:

License Info

License: HFID 35372

Risk:
License:
Expires on:
CFPM: Abdulahi Abdirahman
CFPM #: CFPM-63544; Exp: 12/14/2028

Inspection Info

Report Number: F1039261160
Inspection Type: Full - Single
Date: 6/16/2026 Time: 10:00 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 4-400 Equipment Location and Installation
4-402.11A *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.
COMMENT: CAULKING IS DAMAGED AND MISSING AT JOINT WHERE SINK BACKSPLASH MEETS WALL. CLEAN AND RECAULK.
Comply By: 7/14/2026 Originally Issued On: 6/16/2026

Food & Beverage General Comment

MILK - COLD HOLD, COOLER - 41 DEGREES F
FREEZER - FROZEN

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

The kitchen is of residential build and should serve food for same-day service only. Equipment and facilities are in good repair, save for order noted regarding caulking.

A 2-compartment sink is present in kitchen. 1 compartment is designated for handwashing only.

A residential dishwashing machine is present in the kitchen.

Discussed the following with the person-in-charge: minimum cook temps for animal proteins, food source, foodborne illness symptoms and exclusion of ill employees, avoiding bare hand contact with ready to eat foods, handwashing, sanitizing, order on this report.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1039261160 from 6/16/2026

Abdulahi Abdirahman
person-in-charge

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

Sunshine Assisted Living Services
Bloomington
County/Group: Hennepin County

Inspection Info

Report Number: F1039261160
Inspection Type: Full
Date: 6/16/2026
Time: 10:00 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Greater Than 160 Degrees F.
Comment: by operator-run thermo test strip
Violation Issued?: No

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Spray Bottle
Location: Equal To 200 PPM
Comment:
Violation Issued?: No

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL35372016-0	**Date:** 6/16/2026
Facility Name: SUNSHINE ASSISTED LIVING	
Facility Address: 9540 COLUMBUS AVENUE SOUTH; BLOOMINGTON, MN 55420	

☒ **TAG IDENTIFICATION: 0775**

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

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

2. A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice. Means of egress shall remain free of any material or matter where its presence would obstruct or render the means of egress hazardous. No combustible material storage is allowed in the corridors or exit stairs. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.3]

   Comments: The evacuation map indicated an exit path from the living space through the garage and an office that did not have an egress door. The attached garage is a higher hazard and is not an approved egress path.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 3; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include the location and number of resident rooms. [Minn. Stat. 144G.45 subd.2]

   Comments: The fire evacuation diagrams incorrectly displayed the facility layout. Bedrooms 1,2 and 3 displayed incorrectly.

2. 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 did not provide site-specific employee actions to take during a fire or similar emergency based on the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine, Extinguish/Evacuate), but it was written for a building equipped with life-safety features such as fire doors, smoke compartments, and a sprinkler system. The plan stated that the primary response was to shelter in place; however, the facility was not equipped to support shelter-in-place as the main fire-response procedure.

3. 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.

4. 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 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 the identification of residents that need assistance or any resident-specific procedures to staff for assisting residents during a evacuation.

5. 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 licensee failed to provide training to employees on the FSEP upon hire and at least twice per year. O/LALD-D stated that they group training and fire drills into one. No training documentation was provided with the fire drill reports.