



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 18, 2026

Licensee

Lyngblomsten at Lino Lakes LLC

6050 Blanchard Boulevard

Lino Lakes, MN 55014

RE: Project Number(s) SL40167016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 26, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

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

factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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

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

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,

A handwritten signature in black ink that reads "Kelly Thorson". The signature is written in a cursive, flowing style.

Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40167	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER LYNGBLOMSTEN AT LINO LAKES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6050 BLANCHARD BOULEVARD LINO LAKES, MN 55014		
(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: SL40167016 On August 24, 2026, through August 26, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 50 resident(s); 50 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Licensing 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 subd. 1, 2, and 3.		
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	0 510			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 510	Continued From page 1 complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (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 effective infection control program to comply with accepted health care, medical, and nursing standards for infection control and current recommendations for hand hygiene and administration of injections. This had the potential to affect all the licensee's 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On August 25, 2026, at 8:20 a.m., the surveyor observed unlicensed personnel (ULP)-E administer insulin to R4. ULP-E performed hand hygiene, donned gloves, and applied a needle to R4's insulin pen without first cleaning the hub of	0 510			

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0 510	Continued From page 2 the insulin pen. ULP-E primed 3 units, dialed the prescribed 25 units of insulin, cleansed R4's abdomen, administered insulin, disposed of the needle, doffed gloves, and performed hand hygiene. On August 25, 2026, at 8:50 a.m., ULP-E stated she did not scrub the hub of the insulin pen. ULP-E further stated she usually does and was trained to do it but forgot today because she was nervous about being watched. On August 25, 2026, at 9:45 a.m., the surveyor observed ULP-D and ULP-F administer medications to R5. ULP-F retrieved R5's medication from the medication cabinet, matched them to the electronic medication administration record (EMAR), and placed them into a medication cup. The medications were then locked back in the cabinet. ULP-F and ULP-D went across the hall to the locked storage room where the controlled medications were kept. ULP-D compared the medication to the EMAR, documented it in the controlled medications book, and placed it in a medication cup. ULP-D and ULP-F went back to R5's room to administer all the oral medications. At no point did ULP-D or ULP-F perform hand hygiene. On August 25, 2026, at 9:55 a.m., ULP-D and ULP-F stated they did not perform hand hygiene either before or after medication administration for R5. They further stated they were trained and expected to perform hand hygiene both before and after each medication administration and usually do but forgot this time. On August 25, 2026, at 10:00 a.m., clinical nurse supervisor (CNS)-B stated ULP's are trained and expected to perform hand hygiene both before	0 510			

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0 510	Continued From page 3 and after each medication pass. The Center of Disease Control (CDC) Core Infection Prevention and Control Practices regarding hand hygiene dated November 29, 2022, recommends healthcare personnel should use an alcohol-based rub or wash with soap and water for the following clinical indications: immediately before touching a patient, before performing aseptic task or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated services, and immediately after glove removal. The licensee's undated competencies for injections training document indicated to remove the pen cap and clean with alcohol wipe, then connect the needle to the pen. The licensee's Hand Hygiene policy dated July 2023, indicated hand washing shall be performed between resident cares and whenever direct physical contact with a resident takes place. Use of gloves does not replace hand washing. Hands should be washed or decontaminated before and after direct contact with a resident, if moving from a contaminated-body site to a clean-body site during resident care, after contact with environmental surfaces or equipment in the immediate vicinity of the resident, after removing gloves or gowns, and before eating and after using a restroom. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			

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0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) 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 a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included annual training for one of two employees (unlicensed personnel (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 the residents). The findings include:	0 660			

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0 660	Continued From page 5 The facility TB risk assessment dated April 1, 2026, indicated the facility was a low risk setting for TB transmission. ULP-E began employment on September 1, 2024, and provided direct care services for residents. On August 25, 2026, at 8:20 a.m. the surveyor observed ULP-E administer oral medications and insulin to R4. ULP-E's employee record lacked evidence of annual TB training. On August 26, 2026, at 11:15 a.m., clinical nurse supervisor (CNS)-B stated ULP-E was assigned all her annual training including TB training but has not completed it. The licensee's TB Prevention and Control policy dated July 2023, indicated staff are educated on basic infection control including bloodborne pathogens upon hire and annually. The Minnesota Department of Health guidelines Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include an annual facility TB risk assessment. The guidelines also indicated an employee may begin working with patients (residents) after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. Baseline TB screening should be documented in the	0 660			

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0 660	Continued From page 6 employee's record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
01370 SS=F	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences,	01370			

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01370	Continued From page 7 cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure required training was completed for two of two employees (unlicensed personnel (ULP)-D and 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 the potential to affect a large portion or all the residents). The findings include: ULP-D began employment on October 28, 2025, to provide direct care services to residents. On August 25, 2026, at 9:00 a.m. the surveyor observed ULP-D provide catheter care and medication administration to R3. ULP-D's employee record lacked documentation of the following required training to be completed	01370			

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01370	Continued From page 8 by ULP: -communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family ULP-E began employment on September 12, 2024, to provide direct care services to residents. On August 25, 2026, at 8:20 a.m. the surveyor observed ULP-E administer oral medications and insulin to R4. ULP-E's employee record lacked documentation of the following required training to be completed by ULP: -medication, exercise, and treatment reminders -awareness of commonly used health technology equipment and assistive devices On August 26, 2026, at 11:15 a.m., clinical nurse supervisor (CNS)-B stated all training was assigned for ULP-D and ULP-E, but they did not complete them. The licensee's Assisted Living Orientation ULP Staff policy dated July 2023, indicated ULPs who are not a registered nursing assistant will receive additional training on the following topics with a written or oral competency test: -communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family -awareness of commonly used health technology equipment and assistive devices ULPs who are not a registered nursing assistant will receive additional training on the following topics with a written or oral competency test and	01370			

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01370	Continued From page 9 a skill demonstration: -medication reminders -exercise reminders -treatment reminders No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370			
01380 SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure required training was completed for one of two employees (unlicensed personnel (ULP)-E).	01380			

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01380	Continued From page 10 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: ULP-E began employment on September 12, 2024, to provide direct care services to residents. On August 25, 2026, at 8:20 a.m. the surveyor observed ULP-E administer oral medications and insulin to R4. ULP-E's employee record lacked documentation of the following competency evaluations to be completed by ULP: -reading and recording temperature, pulse, and respirations of the resident -range of motioning and positioning On August 26, 2026, at 11:15 a.m., clinical nurse supervisor (CNS)-B stated all training was assigned for ULP-E, but she did not complete them and agreed the above competencies were not in ULP-E's record. The licensee's Assisted Living Orientation ULP Staff policy dated July 2023, indicated ULPs who are not a registered nursing assistant will receive additional training on the following topics with a written or oral competency test and a skill demonstration: -reading and recording temperature, pulse, and	01380			

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01380	Continued From page 11 respirations of the resident -range of motion -positioning No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380			
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a registered	01440			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40167	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER LYNGBLOMSTEN AT LINO LAKES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6050 BLANCHARD BOULEVARD LINO LAKES, MN 55014		
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01440	Continued From page 12 nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services for one of one employee (unlicensed personnel (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 the residents). The findings include: ULP-E began employment on September 12, 2024. On August 25, 2026, at 8:20 a.m. the surveyor observed ULP-E administer oral medications and insulin to R4. ULP-E's employee record lacked documentation of direct supervision of performing a delegated task within 30 days of providing services to verify the work was performed competently and to identify problems and solutions to address issues relating to the staff's ability to provide the services. On August 26, 2026, at 11:15 a.m. clinical nurse supervisor (CNS)-B stated they do 30-day supervisions but do not have ULP-Es on file. The licensee's Supervision of Unlicensed Personnel policy dated July 2023, indicated direct supervision of unlicensed staff providing delegated nursing tasks, delegated treatments or	01440			

Minnesota Department of Health

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01440	Continued From page 13 assigned therapy tasks must be performed within 30 days after the person begins work for our facility and has been trained and determined competent to perform all the tasks assigned. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440			
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 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;	01500			

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01500	Continued From page 14 (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 (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 an employee received at least eight hours of annual training for each 12 months of employment for one of two employees (unlicensed personnel (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	01500			

Minnesota Department of Health

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01500	Continued From page 15 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 the residents). The findings include: ULP-E began employment on September 12, 2024, to provide direct care services to residents. On August 25, 2026, at 8:20 a.m. the surveyor observed ULP-E administer oral medications and insulin to R4. ULP-E's record lacked evidence of annual training to include: -training on reporting of maltreatment of vulnerable adults under section 626.557 -review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights -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 -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 facility's policies and procedures relating to the provision of assisted living services	01500			

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01500	Continued From page 16 and how to implement those policies and procedures -the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person On August 26, 2026, at 11:15 a.m., clinical nurse supervisor (CNS)-B stated all training was assigned for ULP-E, but she did not complete them. The licensee's Annual Training policy dated June 11, 2025, indicated all assisted living employees will complete annual education on the following topics: Reporting of maltreatment of vulnerable adults under section 626.557 Assisted living bill or rights Staff responsibility related to ensuring the exercise and protection in the assisted living bill of rights Infection control techniques used in the home and implementation of infection control standards including Hand washing 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 Reporting communicable diseases Effective approaches for problem solving when working with challenging behaviors Effective approaches for communication with residents with dementia, Alzheimer's disease or related disorders Review of policies and procedures relating to the provision of assisted living services and how to	01500			

Minnesota Department of Health

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01500	Continued From page 17 implement them Principles of person-centered planning and service delivery How person-centered planning and service delivery applies to direct support services provided by staff Emergency and disaster training Mental illness and de-escalation Annual training will be documented in accordance with the documentation policy. Direct-care staff will complete 8 hours of annual training for each 12 months of employment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500			
01540 SS=F	144G.64 (a) (3) Training in Dementia, Mental Illness, and De- (3) for assisted living facilities with dementia care, direct-care staff must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, the staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two	01540			

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01540	Continued From page 18 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 observation, interview, and record review, the licensee failed to ensure one of two unlicensed personnel (ULP)-D) received the required eight hours of dementia care training in the required time frame and failed to ensure one of two (ULP-E) received the required two hours of dementia training and 1 hour of mental illness and deescalation training annually. 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 the residents). The findings include: ULP-D began employment on October 28, 2025, to provide direct care services to residents. On August 25, 2026, at 9:00 a.m. the surveyor observed ULP-D provide catheter care and medication administration to R3. ULP-D's employee record included a training transcript which indicated five hours of dementia care training.	01540			

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01540	Continued From page 19 ULP-E began employment on September 12, 2024, to provide direct care services to residents. On August 25, 2026, at 8:20 a.m. the surveyor observed ULP-E administer oral medications and insulin to R4. ULP-E's employee record lacked any evidence of annual dementia care or mental illness and deescalation training. On August 26, 2026, at 11:15 a.m., clinical nurse supervisor (CNS)-B stated both ULP-D and ULP-E were assigned all the required dementia and mental illness and deescalation classes, but they have not completed them. The licensee's Dementia Training policy dated July 2023, indicated assisted living staff will receive required training on dementia care during orientation and annually and as needed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01540			



Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

LYNGBLOMSTEN AT LINO LAKES LLC
6050 BLANCHARD BOULEVARD
Lino Lakes, MN 55014
Anoka County
Parcel:

Phone:

License Info

License: 0043724

Risk:
License: -1
Expires on: 12/31/2024
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1025261179
Inspection Type: Full - Single
Date: 8/24/2026 Time: 11:30 AM
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

Facility has contract food service by Forefront.

Please contact Anoka County Environmental Services for food licensing.

Facility pool licensed by Anoka Co.
<https://www.anokacountymn.gov/1414/Food-Service-Establishments>

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 F1025261179 from 8/24/2026

Establishment Representative


Casey Kipping, MA RS
Public Health Sanitarian 3
651-201-4513
casey.kipping@state.mn.us