Electronically Delivered

December 18, 2025

Licensee
Anchor Care Services LLC
8443 81st Street South
Cottage Grove, MN 55016

RE: Project Number(s) SL39662016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 19, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

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

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39662	A. BUILDING: _____ B. WING _____	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANCHOR CARE SERVICES LLC	8443 81ST STREET SOUTH COTTAGE GROVE, MN 55016

(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: SL39662016-0 On November 17, 2025, through November 19, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were four residents; four receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	Continued From page 1 (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced 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	0 680		

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0 680	Continued From page 2 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 EPP with an effective date of December 9, 2024, lacked evidence of the following required content: - Subsistence needs for staff and patients; - The licensee's EPP contained a blank and incomplete subsistence supply checklist which indicated it required an annual review to ensure adequate supplies. - Emergency officials contact information; - The licensee's EPP lacked documentation of State Licensing and Certification Agency. On November 19, 2025, at 1:48 p.m., agent (A)-B stated they were responsible for development and deployment of the licensee's EPP. A-B stated they were not aware of the missing or incomplete content. 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. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to	01640		

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01640	Continued From page 3 (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the resident or resident's designated representative to document agreement on the services to be provided for two of two residents (R2, R5). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic	01640		

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01640	Continued From page 4 failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R2 R2 was admitted on May 4, 2025, to receive assisted living services. R2's diagnoses included schizophrenia, acute undifferentiated, alcohol abuse, arthritis of left hip, arthritis of right knee, arteriosclerotic cardiovascular disease, asthma, benign prostatic hyperplasia, deep vein thrombosis of left peroneal vein, dependence on wheelchair, essential hypertension, hepatitis C, low back pain, myopathy, osteoarthritis, paranoia, polydrug abuse, prediabetes, psychosis, tobacco use disorder, and urinary incontinence. R2's record included an initial services plan dated August 11, 2023, which indicated R2 received assistance with dressing, assistance with hair care, assistance with grooming, assistance with toileting, assistance with bathing, standby assist, medication reminders, medication administration, hands on assistance with transfers and mobility, eating assistance, personal laundry, and housekeeping and linen changes. R2's record contained an unsigned service plan dated November 3, 2025, which indicated R2 received activity assistance, bathing assistance, bathing reminders, bedmaking, deep room cleaning, dressing, grooming, housekeeping, incontinence care, laundry, behavior management, meal assistance, medication administration, medication setup, nail care, positioning and repositioning, vital signs, toileting, transfer assistance, and wound care.	01640		

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01640	Continued From page 5 R5 R5 was admitted on July 27, 2024, to receive assisted living services. R5's diagnoses included Parkinson's Disease, colitis, constipation, delusional disorder, essential hypertension, generalized anxiety disorder, glaucoma, infectious gastroenteritis, insomnia, left artificial hip joint, left artificial knee joint, major depressive disorder, opioid dependence, iron deficiency anemia, restless leg syndrome, total right knee replacement, vitamin D deficiency. R5's record included an initial services plan dated July 27, 2024, which indicated R5 received assistance with dressing, assistance with bathing, standby assist, medication reminders, treatment and exercises, medication administration, hands on assistance with transfers and mobility, eating assistance, personal laundry, and housekeeping and linen changes. R5's record contained an unsigned service plan dated November 4, 2025, which indicated R5 received activity assistance, bathing assistance, bathing reminders, bedmaking, deep room clean, dressing, housekeeping, incontinence care, laundry, linen change, behavior management, meal assistance, medication administration, medication setup, nailcare, vital signs, safety checks, socialization, and transfer assistance. On November 18, 2025, at 10:24 a.m., clinical nurse supervisor/ licensed assisted living director (CNS/LALD)-A stated they frequently added updates to resident service plans but did not print them out to obtain signatures. CNS/LALD-A stated that in some cases they would have to print out a new service plan every week to be	01640		

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01640	Continued From page 6 signed as services were frequently updated. The licensee's undated Service Plan policy indicated the service plan and any revisions must include a signature or other authentication by the assisted living provider and by the resident or resident's representative documenting agreement on the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced	01910		

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01910	Continued From page 7 by: Based on interview and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of medication to include the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition for one of one discharged 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, 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 discharged from the licensee on June 16, 2025. R1's Service Plan (waiver) - Addendum to Contract with effective date November 3, 2025, indicated R1 recieved assisted living services to include medication administration. R1's record contained a document titled Pill Count History dated June 1, 2025, to June 30, 2025. The form indicated the licensee was managing the following medications for R1: - Lorazepam 2mg, give 2mg by mouth every 8 hours for anxiety, which indicated 55 doses remained as of June 16, 2025; - Lorazepam 0.5mg, take 1 (0.5mg) by mouth every 4 hours as needed for anxiety and	01910		

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01910	Continued From page 8 agitation, which indicated 29 doses remained as of June 16, 2025; - Lorazepam 0.5mg, take 1 (0.5mg) by mouth every 4 hours as needed for anxiety and agitation, which indicated 21 doses remained as of June 16, 2025; - Morphine Sulfate 15mg ER Sol/Tab, give 1 tablet under tongue every 12 hours for pain and shortness of breath, which indicated 19 doses remained as of June 16, 2025; - Morphine Sulfate - PRN 100mg per 5ml daily, administer 5ml as needed for pain and agitation, which indicated 30 doses remained as of June 9, 2025; - Morphine Sulfate - PRN 100mg per 5ml daily, administer 0.25ml by mouth daily as needed for pain or agitation, which indicated 30 doses remained as of June 9, 2025; - Morphine Sulfate - PRN 100mg per 5ml daily, administer 0.25ml by mouth daily as needed for pain or agitation, which indicated zero doses remained as of June 10, 2025; - Morphine Sulfate - PRN 5mg/Sol tab daily, give 1 under tongue every 3 hours for shortness of breath and pain, which indicated 24 doses remained as of June 12, 2025; - Morphine Sulfate - PRN 5mg/Sol tab daily, give 1 under tongue every 3 hours for shortness of breath and pain, which indicated 7 doses remained as of June 15, 2025; - Morphine Sulfate - PRN 5mg/Sol tab daily, give 2 under tongue every 3 hours for shortness of breath and pain, which indicated 28 doses remained as of June 16, 2025; and - Oxycodone HCL 10 mg tabs-PRN, give 1 tab every 4 hours for pain, which indicated 17 doses remained as of June 13, 2025. R1's record lacked documentation of the disposition of the medication including the	01910		

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01910	Continued From page 9 medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. On November 18, 2025, at 8:05 p.m., clinical nurse supervisor/ licensed assisted living director (CNS/LALD)-A stated R1 was on hospice before they passed away. CNS/LALD-A stated after R1 passed, they contacted the pharmacy for instructions on how to dispose of R1's unused medications. CNS/LALD stated the licensee disposed of medication following instructions provided by the pharmacy but did not complete documentation of the disposal. The licensee's undated Medication Disposition or Disposal policy, indicated the licensee would complete documentation of the destruction, listing the date, quantity, name of drug, prescription number, signature of person destroying the drugs and signature of witness to the destruction. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
01970 SS=F	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be	01970		

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01970	Continued From page 10 renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to obtain a prescriber order every 12 months for catheter changes to include a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy for one of one resident with a treatment (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at 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: R2 was admitted on May 4, 2025, to receive assisted living services. R2's diagnoses included schizophrenia, acute undifferentiated, alcohol abuse, arthritis of left hip, arthritis of right knee, arteriosclerotic cardiovascular disease, asthma, benign prostatic hyperplasia, deep vein thrombosis of left peroneal vein, dependence on wheelchair, essential hypertension, hepatitis C, low back pain, myopathy, osteoarthritis, paranoia, polydrug abuse, prediabetes, psychosis, tobacco use disorder, and urinary incontinence. R2's record included an initial services plan dated	01970		

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01970	Continued From page 11 August 11, 2023, which indicated R2 received assistance with dressing, assistance with hair care, assistance with grooming, assistance with toileting, assistance with bathing, standby assist, medication reminders, medication administration, hands on assistance with transfers and mobility, eating assistance, personal laundry, and housekeeping and linen changes. R2's record contained an unsigned service plan dated November 3, 2025, which indicated R2 received activity assistance, bathing assistance, bathing reminders, bedmaking, deep room cleaning, dressing, grooming, housekeeping, incontinence care, laundry, behavior management, meal assistance, medication administration, medication setup, nail care, positioning and repositioning, vital signs, toileting, transfer assistance, and wound care. R2's record contained a signed order dated January 8, 2024, with the following instruction: "Change foley catheter monthly with 16 French and 10cc balloon". R2's record contained no further signed order for catheter changes. On November 17, 2025, at 11:07 a.m., the surveyor observed a catheter bag attached to the bed of R2, with a foley catheter line leading up toward R2 who was lying in bed. The catheter bag was filled with urine, which indicated the appliance was in active use. On November 18, 2025, at 12:27 p.m., CNS/LALD-A stated the signed order from January 8, 2024, for the catheter change was the most up to date order on file for R2.	01970		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANCHOR CARE SERVICES LLC	8443 81ST STREET SOUTH COTTAGE GROVE, MN 55016

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01970	Continued From page 12 The licensee's undated Treatment and Therapy Management Plan policy indicated treatment and therapy orders must be renewed at least every 12 months. No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	01970		

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

ANCHOR CARE SERVICES LLC
8443 81ST STREET SOUTH
Cottage Grove, MN 55016
Washington County
Parcel:

Phone:

License Info

License: HFID 39662

Risk:
License:
Expires on:
CFPM: Tonye S. Sylvanus
CFPM #: 115686; Exp: 03/25/2026

Inspection Info

Report Number: F1013251116
Inspection Type: Full - Single
Date: 11/17/2025 Time: 01:15 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

The inspection was completed with the operator then reviewed with MDH Nurse Evaluator Z. Morth.

The establishment has a residential kitchen and serves food prepared that day. The kitchen has laminate cabinets, LVT floor, tile walls, solid counter top, and a textured painted ceiling.

A two basin sink is located in the kitchen. One basin is designated for hand washing.

Residential dish machine is available to wash ware. The dish machine should be run on the sanitize/high temperature cycle.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, food storage, and food handling procedures.

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 F1013251116 from 11/17/2025

Jerry Malloy

Tonye S. Sylvanus
Operator

Jerry Malloy,
Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

ANCHOR CARE SERVICES LLC
Cottage Grove
County/Group: Washington County

Inspection Info

Report Number: F1013251116
Inspection Type: Full
Date: 11/17/2025
Time: 01:15 PM

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

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

Food Temperature: Product/Item/Unit: Chicken**; Temperature Process:** Cold-Holding
Location: Basement freezer at 19 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

ANCHOR CARE SERVICES LLC
Cottage Grove
County/Group: Washington County

Inspection Info

Report Number: F1013251116
Inspection Type: Full
Date: 11/17/2025
Time: 01:15 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 202 Degrees F.
Comment:
Violation Issued?: No