Electronically Delivered

March 13, 2026

Licensee
Eastern Home Care Inc
6917 101st Street South
Cottage Grove, MN 55016

RE: Project Number(s) SL39210016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 12, 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 . . ."

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,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39210	A. BUILDING: _____ B. WING _____	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTERN HOME CARE INC	6917 101ST 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: SL39210016-0 On February 9, 2026, through February 12, 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 three residents; three receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated February 11, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 970 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: Based on interview and record review, the licensee failed to ensure assisted living contracts did not include language waiving the licensee's liability for health, safety, or personal property of a resident for two of two residents (R1, R2). 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, R2 were admitted January 9, 2026, and December 14, 2024, respectively, and received assisted living services from the licensee. R1 and R2's Service Plan (Waiver) - Addendum to Contracts dated, January 16, 2026, and	0 970		

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0 970	Continued From page 4 December 24, 2025, indicated R1 and R2 received services including assistance with housekeeping, laundry, meals, bathing, dressing, grooming, behavior management, and medication administration. R1 and R2's Assisted Living Contracts dated January 9, 2026, and December 14, 2024, respectively, included the following language indicating a waiver of liability, "Miscellaneous Provisions: 1. Insurance Liability and Release. The resident shall maintain at all times his or her own health, personal property, liability, automobile (if applicable), and other insurance coverages and shall provide evidence of same by copies of binders or policies provided to [Licensee] upon request. The resident acknowledges that [Licensee] is not an insurer of the resident's person or property." On February 9, 2026, at 1:50 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated all the residents had the same contract and he was not aware the licensee had a waiver of liability in the contract. Education provided. LALD/CNS-A verbalized he planned to have the licensee's contract updated. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01370 SS=D	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	01370		

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01370	Continued From page 5 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, 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 training and	01370		

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01370	Continued From page 6 competencies were completed with all required content for one of two employees (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On February 9, 2026, at 10:45 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated initial training, and competency was completed by the licensee's nurse. Also, LALD/CNS-A verbalized the licensee's orientation and training was completed both in person and utilizing an online training program. ULP-C was hired on January 10, 2026, to provide direct care services to residents of the assisted living facility. On February 9, 2026, at 12:25 p.m., the surveyor observed ULP-C assist R3 with medication administration. ULP-C's employee record lacked documentation of training and competency evaluations including: -standby assistance techniques and how to perform them; and -communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural	01370		

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01370	Continued From page 7 background, and family. On February 10, 2026, at 8:40 a.m., LALD/CNS-A stated he thought all the required training was completed by ULP-C but would see if there was additional information to provide. On February 11, 2026, at 9:05 a.m., LALD/CNS-A stated, via phone, he could not find any additional training for ULP-C so some of the core items must have been missed. The licensee's Staff Competency policy, dated February 4, 2023, indicated, "3. Training and competency evaluations for all unlicensed personnel include the following. Refer to the Competency Manual for criteria. Unlicensed personnel may not work for [Licensee] until they have successfully passed the written (at 80%) and demonstration competency evaluation. a. Documentation requirements for all services provided b. Reports of changes in the resident's condition to the supervisor designated by the assisted living provider c. Basic infection control, including blood-borne pathogens d. Maintenance of a clean and safe environment e. Appropriate and safe techniques in personal hygiene and grooming, including hair care and bathing; care of teeth, gums and oral prosthetic devices; care and use of hearing aids; and dressing and assisting with toileting. f. Training on the prevention of falls for providers working with the elderly or those at risk of falls g. Standby assistance techniques and how to perform them h. Medication, exercise and treatment reminders i. Basic nutrition, meal preparation and preparation of modified diets as ordered by a	01370		

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01370	Continued From page 8 licensed health professional, food safety and assistance with eating j. 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 k. Awareness of confidentiality and privacy l. Understanding appropriate boundaries between staff, residents and the resident's family m. Procedures to utilize in handling various emergency situations n. Awareness of commonly used health technology equipment and assistive devices." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=D	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.	01380		

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01380	Continued From page 9 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure competency evaluations required for unlicensed personnel (ULP) providing assisted living services were completed for one of two employees (ULP-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On February 9, 2026, at 10:45 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated initial training, and competency was completed by the licensee's nurse. Also, LALD/CNS-A verbalized the licensee's orientation and training was completed both in person and utilizing an online training program. ULP-C was hired on January 10, 2026, to provide direct care services to residents of the assisted living facility. On February 9, 2026, at 12:25 p.m., the surveyor observed ULP-C assist R3 with medication administration. ULP-C's employee file lacked documentation of competency evaluations for the following topics:	01380		

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01380	Continued From page 10 -safe transfer techniques and ambulation; and -range of motioning and positioning. On February 10, 2026, at 8:40 a.m., LALD/CNS-A stated he thought all the required training was completed by ULP-C but would see if there was additional information to provide. On February 11, 2026, at 9:05 a.m., LALD/CNS-A stated, via phone, he could not find any additional training for ULP-C so some of the core items must have been missed. The licensee's Staff Competency policy dated February 4, 2023, indicated, "4. Home Health Aides (HHA) providing assisted living services and who have not completed a state-approved formal training and competency evaluation program will demonstrate competency through the following process: a. Satisfactory completion of an oral or written test on the tasks the HHA will perform. Refer to the Competency Manual for criteria. b. Home Health Aides may not work for [Licensee] until they have successfully passed the written and demonstration competency evaluation, including satisfactory completion of the following: i. Observation, reporting and documenting of resident status ii. Basic knowledge of body functioning and changes in body function, injuries or other reportable changes iii. Recognizing physical, emotional, cognitive and development needs of the resident iv. Basic infection control, including blood-borne pathogens v. Maintenance of a clean and safe environment vi. Falls prevention	01380		

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01380	Continued From page 11 vii. Safe transfer techniques and ambulation viii. Range of motion and positioning ix. Administering medications or treatments as required x. Basic nutrition, meal preparation, food safety and assistance with eating xi. Preparation of modified diets xii. Communication skills and barriers xiii. Cultural diversity xiv. Confidentiality/privacy xv. Professional boundaries xvi. Handling of emergencies xvii. Commonly used health technology equipment and assistive devices c. The following topics must be completed by a practical skills test i. Appropriate and safe techniques in personal hygiene and grooming, including bathing, hair care, oral hygiene (teeth, gums and oral prosthetics), care and use of hearing aids, dressing and toileting ii. Safe transfer techniques and ambulation iii. Range of motion and positioning iv. Reading and recording temperature, pulse and respirations v. Administration of medications and treatments, as required vi. Other delegated tasks." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01530 SS=D	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	01530		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01530	Continued From page 12 de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under 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;	01530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39210	A. BUILDING: _____ B. WING _____	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTERN HOME CARE INC	6917 101ST 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
01530	Continued From page 13 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees completed two hours of initial training on mental illness and de-escalation topics for two of two employees (licensed practical nurse (LPN)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: LPN-B was hired on December 28, 2022, and provided direct nursing cares and services to residents. On February 10, 2026, at 8:02 a.m., the surveyor observed LPN-B and unlicensed personnel (ULP)-C providing personal cares and mechanical lift transfer for R1. LPN-B's online training transcript indicated LPN-B completed 1.25 hours of mental health training on November 13, 2025. LPN-B's employee record lacked documentation they completed the required 2 hours of initial training on mental illness and de-escalation topics within 160 hours of start date, effective July 1, 2025. On February 11, 2026, at 9:05 a.m., licensed	01530		

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	39210	A. BUILDING: _____ B. WING _____	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTERN HOME CARE INC	6917 101ST 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
01530	Continued From page 14 assisted living director/clinical nurse supervisor (LALD/CNS)-A stated he had not realized LPN-B did not have the required two hours of mental health and de-escalation training completed. LALD/CNS-A verbalized planned to get these assigned to meet the two-hour initial requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
02310 SS=E	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care standards, medical or nursing standards for two of three residents (R1, R2) who utilized hospital style side bed rails. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not	02310		

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02310	Continued From page 15 found to be pervasive). The findings include: R1 R1 was admitted on January 9, 2026, and had diagnoses which included adjustment disorder with mixed disturbance of emotions and conduct. On February 10, 2026, at 8:02 a.m., the surveyor observed licensed practical nurse (LPN)-B and unlicensed personnel (ULP)-C providing personal cares and mechanical lift transfer for R1. R1 was lying supine in a hospital-style bed with bilateral (both sides) upper bed rails. Both bed rails were in the upright position. R1 stated he used the rails to help him with mobility. R1's medical records included a Side-Rail Use Assessment Form dated January 9, 2026, but lacked the following required content: -accurate documentation of measurements of Food and Drug Administration (FDA)-identified zones of entrapment. In addition, R1's medical record included a Bed Safety Assessment dated January 23, 2026, under section titles Safety - Bed Safety Zones (Hospital Bed System ONLY), indicated. "Zone 2: Is the area under the rail, between rail supports, or next to a single rail support less than 4 3/4 inches (note measurements in note field): 3.5 inches (")." The Bed Safety Assessment lacked documentation of measurements of Food and Drug Administration (FDA)-identified zones of entrapment. R2 R2 was admitted on December 14, 2024, and had diagnoses which included history of head injury.	02310		

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	39210	A. BUILDING: _____ B. WING _____	02/12/2026

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02310	Continued From page 16 On February 9, 2026, at 11:09 a.m., the surveyor observed R2's bedroom with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A. R2's bedroom included one hospital-style bed with bilateral upper bed rails. Both bed rails were in the upright position. R2's medical record included a Side-Rail Use Assessment Form dated October 15, 2025, but lacked the following required content: -accurate documentation of measurements of Food and Drug Administration (FDA)-identified zones of entrapment. In addition, R2's medical record included a Bed Safety Assessment dated December 24, 2025, lacked documentation of exact measurements of FDA identified zones of entrapment. On February 10, 2026, at 9:09 a.m., LALD/CNS-A stated the licensee typically used the Side-Rail Use Assessment Form for the bed rail assessment documentation he completed. LALD/CNS-A stated he measured between the bed rails, zone one, for each of the sections of bed rail as shown in R1 and R2's Side-Rail Use Assessments. LALD/CNS-A verbalized he was not sure of the exact zone measurements to be assessed on side rails. Education provided. On February 10, 2026, at 10:16 a.m., the surveyor provided, via email, resources to the FDA guidelines for entrapment zones and a link to the Minnesota Department of Health bed rails frequently asked questions. The licensee's Side Rail Use policy dated February 4, 2023, indicated, 11. The RN will verify that the side rails meet FDA guidelines and follow	02310		

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02310	Continued From page 17 the manufacturer's recommendations related to the following: -The side rails, mattress and bed frame are compatible -The side rails are appropriate for the age, size and weight of the resident -The side rails are securely installed or attached to the bedframe according to the manufacturer's recommendations for the particular bed frame and side rails used -The manufacturer's guidelines should be accessible -As indicated, additional information will be obtained from the Consumer Product Safety Commission (CSPC) related to side rails and any recalls 12. The need for side rails will be reassessed and the side rails inspected as needed, but not less than every 90 days. The ongoing assessment includes a consideration of the following -Inspecting the side rails for any functional problems or maintenance issues -Lowering one or more sections of the side rail(s) -Verifying that the mattress is the proper size and prevents entrapment between the mattress and rail -Gaps between the mattress and side rails are reduced -Assuring that the side rails are still installed correctly and that there are no areas for possible entrapment and falls -The side rails are still appropriate to the bed and the resident's needs In addition, included, "14. Documentation regarding the side rails will include the following: -The measurements -Installation -Condition -Results of the physical inspection of the side rails and mattress for areas of entrapment and	02310		

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02310	Continued From page 18 stability -Any other information to mitigate safety risks." The Food and Drug Administration (FDA)'s, A Guide to Bed Safety, dated March 10, 2006, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs), last updated December 12, 2024, indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail; - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; - The resident's bed rail use/need assessment:	02310		

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02310	Continued From page 19 - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences; - Installation and use according to manufacturer's guidelines; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements." In addition, "If a licensee is unable to locate manufacturer's guidelines, they are unable to assess and determine if the portable bed rail is being used appropriately and installed properly." No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	02310		

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

Eastern Home Care Inc
6917 101st Street South
Cottage Grove, MN 55016
Washington County
Parcel:

Phone:

License Info

License: HFID 39210

Risk:
License:
Expires on:
CFPM: Okechukwu U. Ugwu
CFPM #: FM25898; Exp: 11/10/2028

Inspection Info

Report Number: F1004261038
Inspection Type: Full - Single
Date: 2/11/2026 Time: 1:30:00 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 2
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-305.11A *Priority Level: Priority 3 CFP#: 39*
MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.
COMMENT: **VARIOUS FOOD ITEMS FOUND STORED ON THE FLOOR OF THE PANTRY. ENSURE ALL FOOD ITEMS ARE STORED IN AN APPROVED LOCATION TO PREVENT CONTAMINATION AND ALLOW FOR EASY CLEANING.**
Comply By: 2/11/2026 Originally Issued On: 2/11/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: **(ORIGINALLY ISSUED 4/8/24): SANITIZER TEST KIT/STRIPS COULD NOT BE PRODUCED DURING INSPECTION ON REQUEST. ENSURE SANITIZER TEST STRIPS FOR CHLORINE (BLEACH) ARE ON SITE AND AVAILABLE TO VERIFY MIXING CONCENTRATION FOR THE SANITIZER SPRAY BOTTLE. REISSUED 2/11/26.**
Comply By: 4/8/2024 Originally Issued On: 2/11/2026

New Order: 7-100 Toxic Labeling
7-102.11 *Priority Level: Priority 2 CFP#: 28*
MN Rule 4626.1595 Clearly label all working containers used for storing poisonous or toxic materials from bulk supplies such as sanitizers and cleaners, with the common name of the product.
COMMENT: **BLEACH WATER SPRAY BOTTLE IS UNLABELED. CLEARLY LABELED ALL SPRAY BOTTLES WITH THE COMMON NAME OF THEIR CONTENTS.**
Comply By: 2/11/2026 Originally Issued On: 2/11/2026

! **New Order: 7-200 Toxic Supplies and Applications**
7-204.11 *Priority Level: Priority 1 CFP#: 28*
MN Rule 4626.1620 Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.
COMMENT: **BLEACH WATER SPRAY BOTTLE HAD A CHLORINE CONCENTRATION THAT EXCEEDED 200PPM. ENSURE A CHLORINE CONCENTRATION OF 50-100PPM IS MIXED AND MAINTAINED FOR SAFE SANITIZING.**
Comply By: 2/11/2026 Originally Issued On: 2/11/2026

Food & Beverage General Comment

INSPECTION WAS CONDUCTED BY MOLLY DOUGHERTY (FPLS) IN CONJUNCTION WITH A HEALTH REGULATIONS DIVISION (HRD) SURVEY CONDUCTED BY DEDE HINNENDAEL.

DISCUSSED:
-EMPLOYEE ILLNESS POLICY AND LOG
-CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION REQUIREMENTS
-HANDWASHING
-SANITIZER USE AND TEST KITS
-CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
-HIGH TEMPERATURE SANITIZING DISH MACHINE TEMPERATURE VERIFICATION
-DATE MARKING PROCEDURES
-THERMOMETER USE AND CALIBRATION
-SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
-VOMIT/FECAL INCIDENT CLEAN UP PROCEDURES
-FOOD SOURCE
-FOOD SERVICE PROCEDURES (SAME-DAY SERVICE ONLY)
-PEST CONTROL
-LOGS (COOLER TEMPERATURE, DISH MACHINE VERIFICATION, ETC.)
-PHYSICAL FACILITIES AND MAINTENANCE

*REPORT WAS DISCUSSED WITH THE OPERATOR ONSITE AND WITH THE NURSE EVALUATOR, DEDE AFTER THE INSPECTION.

*FLOORS ARE VINYL PLANK TILES, WALLS ARE SMOOTH PAINTED DRYWALL WITH TILE BACKSPLASH, AND CEILING IS "ORANGE PEEL" TEXTURE. COUNTERTOPS ARE SEALED STONE AND CABINETS ARE PAINTED WOOD WITH HALLOW BASE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

*KITCHEN HAS A 2-BASIN SINK. ONE BASIN IS DESIGNATED AS THE HANDWASHING SINK. THIS BASIN MAY ONLY BE USED FOR HANDWASHING PURPOSES.

*IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE RESIDENT. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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 F1004261038 from 2/11/2026

Molly Dougherty

Okechukwu Ugwu
Operator

Molly Dougherty,
Public Health Sanitarian 3
651-201-3978
molly.dougherty@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

Eastern Home Care Inc
Cottage Grove
County/Group: Washington County

Inspection Info

Report Number: F1004261038
Inspection Type: Full
Date: 2/11/2026
Time: 1:30:00 PM

Food Temperature: Product/Item/Unit: cottage cheese**; Temperature Process:** Cold-Holding
Location: Refrigerator at 37 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: ambient temperature**; Temperature Process:** Cold-Holding
Location: Refrigerator at 35 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

Eastern Home Care Inc
Cottage Grove
County/Group: Washington County

Inspection Info

Report Number: F1004261038
Inspection Type: Full
Date: 2/11/2026
Time: 1:30:00 PM

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Greater Than** >>200 PPM
Comment:
Violation Issued?: Yes

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Greater Than** 160 Degrees F.
Comment: *per operator's irreversible temperature testing strip
Violation Issued?: No