



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

March 9, 2026

Licensee  
Liberty Mathan Health Care Services  
3248 Sprague Avenue  
Anoka, MN 55303

RE: Project Number(s) SL35638016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 28, 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 . . ."

### **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](mailto: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,



Kelly Thorson, Supervisor

State Evaluation Team

Email: [Kelly.Thorson@state.mn.us](mailto:Kelly.Thorson@state.mn.us)

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

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35638</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/28/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY MATHAN HEALTH CARE SER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3248 SPRAGUE AVENUE ANOKA, MN 55303</b>
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0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p><b>INITIAL COMMENTS:</b></p> <p><b>SL35638016-0</b></p> <p>On January 26, 2026, through January 28, 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 four residents; all of whom were receiving services under the Assisted Living Facility license.</p>	0 000	<p>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.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
0 680 SS=F	<b>144G.42 Subd. 10 Disaster planning and emergency preparedness</b>	0 680		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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0 680	<p>Continued From page 1</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:            Based on interview, and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents, staff, and visitors of the facility.</p> <p>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</p>	0 680		
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0 680	<p>Continued From page 2</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on January 26, 2026, at 10:24 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements.</p> <p>The licensee's EPP provided to the surveyor was undated and did not include the following:</p> <ul style="list-style-type: none"> <li>- annual review of the EPP;</li> <li>- a missing resident policy and quarterly review of the missing resident policy; and</li> <li>- evidence that the licensee conducted exercises to test the EPP at least twice per year.</li> </ul> <p>On January 28, 2026, at 12:22 p.m., LALD/CNS-A stated LALD/CNS-A had read through the EPP and made minor changes and the licensee completed one tornado drill with staff and residents in 2025 however, no documentation was completed. LALD/CNS-A further stated, LALD/CNS-A was not aware of the twice-yearly disaster drill requirement.</p> <p>The licensee's Emergency Preparedness policy dated July 30, 2021, indicated the EPP was to be reviewed/updated at least annually. The policy further indicated a disaster drill was conducted at least annually and results were documented.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0110, Subp. 4, effective October 2022, the assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes</p>	0 680		
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0 680	<p>Continued From page 3</p> <p>to the plan.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0100, sections A and B, effective October 2022, assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. This part references documents, specifications, methods, and standards in "State Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types: Interpretive Guidance," which is incorporated by reference.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
01640 SS=E	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(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.</p> <p>(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.</p> <p>(c) The facility must implement and provide all</p>	01640		

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01640	<p>Continued From page 4</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan was revised to reflect the current services provided for two of three residents (R1 and R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>During the entrance conference on January 26, 2026, at 10:24 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements.</p> <p>R1 R1's diagnoses included history of anoxic brain injury (lack of oxygen to the brain causing brain cell death) and ataxia (neurological condition resulting in lack of voluntary muscle coordination).</p>	01640		

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01640	<p>Continued From page 5</p> <p>On January 27, 2026, at 8:57 a.m., the surveyor observed unlicensed personnel (ULP)-B prepare and serve breakfast to R1.</p> <p>R1's Service Plan dated August 14, 2025, indicated R1 received assistance with showering daily.</p> <p>R1's Service Recap Summary-Month dated January 1, 2026, through January 31, 2026, indicated licensee staff assisted R1 with a bath or shower every two days, and lacked evidence of R1 having received assistance with a bath or shower daily.</p> <p>R2 R2's diagnoses included ulcerative colitis (chronic inflammatory bowel disease causing inflammation, ulcers, and pain), hypertension (elevated blood pressure), depression, and anxiety.</p> <p>R2's Service Plan dated August 13, 2025, indicated R2 received weekly blood pressure monitoring.</p> <p>R2's Service Recap Summary- Month dated January 1, 2026, through January 31, 2026, indicated licensee staff completed blood pressure monitoring only on January 1, 2026, and lacked evidence of R2 having received weekly blood pressure monitoring.</p> <p>On January 27, 2026, at 10:10 a.m., LALD/CNS-A stated R1's shower schedule was changed to every other day to promote increased compliance. LALD/CNS-A further stated the service plan was not updated to reflect the change.</p>	01640		

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01640	<p>Continued From page 6</p> <p>On January 28, 2026, at 10:50 a.m., LALD/CNS-A stated R2 had not received weekly blood pressure monitoring 'for quite a while' due to an order change and that R2's service plan update was missed.</p> <p>The licensee's Service Plan policy revised December 23, 2025, indicated the service plan was revised if needed, based on resident review or reassessment. The policy further indicated [licensee] implemented and provided all services required by the current service plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01640		
01820 SS=D	<p><b>144G.71 Subd. 13 Prescriptions</b></p> <p>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for one of two residents (R1), in addition the licensee failed to ensure orders were discontinued for medications no longer being administered for one of two residents (R1) who received medication management services.</p> <p>This practice resulted in a level two violation (a</p>	01820		

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01820	<p>Continued From page 7</p> <p>violation that did not harm a client'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).</p> <p>The findings include:</p> <p>During the entrance conference on January 26, 2026, at 10:30 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management to residents at the facility.</p> <p>R1's diagnoses included history of anoxic brain injury (lack of oxygen to the brain causing brain cell death) and ataxia (neurological condition resulting in lack of voluntary muscle coordination).</p> <p>R1's Service Plan dated August 14, 2025, indicated R1's services included medication administration two times daily and as needed.</p> <p>On January 27, 2026, at 8:57 a.m., the surveyor observed unlicensed personnel (ULP)-B prepare and serve breakfast to R1.</p> <p><b>CURRENT ORDERS</b> R1's Med (medication) Admin (administration) Summary- Month dated January 2026, indicated R1's medication administration included the following medications: - clonazepam (anxiety management) 0.5 milligrams (mg) take one tablet by mouth twice daily was administered as scheduled on January 1, 2026, through January 26, 2026, respectively;</p>	01820		
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01820	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>- fish oil (supplement) 1,000 mg take two capsules by mouth daily was administered as scheduled on January 1, 2026, through January 26, 2026, respectively;</li> <li>- metformin hydrochloride ER (diabetes management) 500 mg take four tablets (2,000 mg) daily with meal was administered as scheduled on January 1, 2026, through January 26, 2026, respectively; and</li> <li>- oyster shell calcium- vitamin D (supplement) 500 mg/5 micrograms (mcg) take one tablet daily was administered as scheduled on January 1, 2026, through January 26, 2026, respectively.</li> </ul> <p>R1's record lacked prescriber orders for the above noted medications.</p> <p><b>DISCONTINUED ORDERS</b> R1's Provider Orders signed August 6, 2025, included the following medications which were not currently being administered according to R1's January 2026 electronic medication administration record (eMAR):</p> <ul style="list-style-type: none"> <li>- calcium 600 mg + vitamin D 200 mg take one tablet daily; and</li> <li>- clonazepam one (1) mg take one tablet twice daily</li> </ul> <p>R1's record lacked prescriber orders which discontinued the above medications.</p> <p>On January 27, 2026, at 3:04 p.m., the surveyor contacted [pharmacy] and spoke with pharmacist on staff who verified the following provider orders were on file:</p> <ul style="list-style-type: none"> <li>- clonazepam 0.5 mg;</li> <li>- fish oil 1,000 mg;</li> <li>- metformin hydrochloride ER 500 mg; and</li> <li>- oyster shell calcium- vitamin D 500 mg/5 mcg.</li> </ul> <p>In addition, the pharmacist verified the following</p>	01820		
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01820	<p>Continued From page 9</p> <p>orders had been discontinued: - calcium 600 mg + vitamin D 200 mg was discontinued on September 15, 2025; and - clonazepam one (1) mg was discontinued on December 2, 2025.</p> <p>On January 27, 2026, from 11:12 a.m. until 11:47 a.m., LALD/CNS-A stated LALD/CNS-A attended all mental health appointments with R1 and recalled medication changes were made but copies of the orders were missing from R1's medical record. LALD/CNS-A further stated LALD/CNS-A acknowledged provider medication orders were not always filed when received from the pharmacy.</p> <p>The licensee's Medication Orders policy dated July 30, 2021, indicated [licensee] maintained a current written or electronically recorded prescription for all prescribed medications managed for the resident.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01820		
01890 SS=D	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by:</p>	01890		

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NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY MATHAN HEALTH CARE SER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3248 SPRAGUE AVENUE ANOKA, MN 55303</b>
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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
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01890	<p>Continued From page 10</p> <p>Based on observation, interview, and record review, the licensee failed to monitor for expired medications for one of four residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client'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).</p> <p>The findings include:</p> <p>During the entrance conference on January 26, 2026, at 10:30 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management to residents at the facility.</p> <p>On January 27, 2026, at 8:40 a.m., the surveyor observed the licensee's secured medication cabinet with unlicensed personnel (ULP)-B, which contained the following expired medication: -R2 naloxone hydrochloride (opioid overdose treatment) nasal spray four (4) milligrams (mg), quantity two single-dose sprays which expired December 2025.</p> <p>R2 admitted to the licensee and began receiving assisted living services on August 13, 2025.</p> <p>R2's diagnoses included depression, anxiety, hypertension (elevated blood pressure), and ulcerative colitis (chronic inflammation and sores in the large intestine and rectum).</p> <p>R2's Service Plan dated August 13, 2025,</p>	01890		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35638</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/28/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY MATHAN HEALTH CARE SER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3248 SPRAGUE AVENUE ANOKA, MN 55303</b>
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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
01890	<p>Continued From page 11</p> <p>indicated R2 received assistance with ADLs (activities of daily living), medication management, behavior management, housekeeping and laundry.</p> <p>R2's provider orders dated November 13, 2025, included naloxone hydrochloride four mg instill one spray in one nostril for suspected overdose, place second spray into other nostril if no response after two to three minutes.</p> <p>On January 27, 2026, at 8:44 a.m., ULP-B stated the nurse completed medication supply audits for all residents and house stock medications monthly.</p> <p>On January 27, 2026, at 8:46 a.m., LALD/CNS-A stated LALD/CNS-A audited medication supplies for expiration dates monthly. LALD/CNS-A further stated R2's expired naloxone was missed due to LALD/CNS-A having observed the pharmacy label expiration date which was after the medication manufacturer expiration date.</p> <p>The licensee's Disposition and Disposal of Medications policy dated July 30, 2021, indicated when medications managed by [licensee] are expired, they will be disposed of by a licensed nurse. The policy further indicated documentation of the disposition of medication included the name, strength, and prescription number of the medication, quantity, method of disposition, and the nam(s) and signature(s) of staff involved with the disposition process.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		



St Cloud District Office  
Minnesota Department of Health  
4140 Thielman Lane, Suite 101  
St Cloud, MN 56301  
Phone: 651-201-4500

## Food & Beverage Inspection Report

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### Establishment Info

LIBERTY MATHAN HEALTH CARE  
3248 Sprague Avenue  
Anoka, MN 55303  
Anoka County  
Parcel:  
Phone:

### License Info

License: HFID 35638  
Risk:  
License:  
Expires on:  
CFPM: Yinka I. Adetunji  
CFPM #: 107461; Exp: 08/05/2027

### Inspection Info

Report Number: F1051261013  
Inspection Type: Full - Single  
Date: 1/26/2026 Time: 10:50:00 AM  
Duration: 30 minutes  
Announced Inspection: No  
**Total Priority 1 Orders: 0**  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 0  
Delivery: Emailed

No orders were issued for this inspection report.

## Food & Beverage General Comment

MET WITH THE NURSE SURVEYOR, ALLISON SKILLINGSTAD.

DISCUSSED THE FOLLOWING WITH THE MANAGER, YINKA:

EMPLOYEE ILLNESS LOG  
VOMIT CLEAN-UP PROCEDURES  
HANDWASHING & GLOVE USE/DISPOSAL  
NOROVIRUS

**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 St Cloud District Office inspection report number F1051261013 from 1/26/2026

Yinka  
Manager

Kai Yang,  
Public Health Sanitarian 1  
320-640-3532  
kai.yang@state.mn.us



St Cloud District Office  
Minnesota Department of Health  
4140 Thielman Lane, Suite 101  
St Cloud, MN 56301

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## Temperature Observations/Recordings

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Page: 1

### Establishment Info

LIBERTY MATHAN HEALTH CARE  
Anoka  
County/Group: Anoka County

### Inspection Info

Report Number: F1051261013  
Inspection Type: Full  
Date: 1/26/2026  
Time: 10:50:00 AM

**Food Temperature:** Product/Item/Unit: MILK; Temperature Process: Cold-Holding

**Location:** Upright Cooler at 40 Degrees F.

Comment:

*Violation Issued?: No*

## Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

<b>Project No:</b> SL35638016	<b>Date:</b> 1/27/2026
<b>Facility Name:</b> Liberty Mathan Healthcare	
<b>Facility Address:</b> 3248 Sprague Ave. Anoka, MN 55303	

No tags were issued during this survey.