Electronically Delivered

May 8, 2026

Licensee
Royal Health
12209 Parkwood Place
Burnsville, MN  55337

RE:  Project Number(s) SL36105016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 8, 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

KKM

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36105 | A. BUILDING: _____ B. WING _____ | 04/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ROYAL HEALTH | 12209 PARKWOOD PLACE BURNSVILLE, MN 55337 |

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| 0 000 | Initial Comments<br><br>*****ATTENTION*****<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL36105016-0<br><br>On April 6, 2026, through April 8, 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; 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| 0 650 SS=D | 144G.42 Subd. 8 (a) Staff records<br><br>(a) The facility must maintain current records of | 0 650 | | |

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| 0 650 | Continued From page 1<br><br>each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;<br>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and<br>(6) documentation of the background study as required under section 144.057.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure employee records contained the required content for one of one employee (unlicensed personnel (ULP)-C).<br><br>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). | 0 650 | | |

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| 0 650 | Continued From page 2<br><br>The findings include:<br><br>ULP-C was hired on January 27, 2022, to provide direct care services to the licensee's residents.<br><br>ULP-C's employee record lacked evidence of completing CPAP/BIPAP (continuous positive airway pressure/Bilevel positive airway pressure) training and competency evaluation.<br><br>On April 7, 2026, at 10:22 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-C's CPAP/BIPAP training and competency was completed December 7, 2022; however, the documented competency was not in the employee file.<br><br>The licensee's Employee Records policy dated August 1, 2025, included the employee record would include record of all training and competency evaluations.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 0 650 | | |
| 0 730 SS=F | 144G.43 Subd. 3 Contents of resident record<br><br>Contents of a resident record include the following for each resident:<br>(1) identifying information, including the resident's name, date of birth, address, and telephone number;<br>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;<br>(3) names, addresses, and telephone numbers of | 0 730 | | |

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| 0 730 | Continued From page 3<br><br>the resident's health and medical service providers, if known;<br>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;<br>(5) the resident's advance directives, if any;<br>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;<br>(7) the facility's current and previous assessments and service plans;<br>(8) all records of communications pertinent to the resident's services;<br>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(11) documentation that services have been provided as identified in the service plan;<br>(12) documentation that the resident has received and reviewed the assisted living bill of rights;<br>(13) documentation of complaints received and any resolution;<br>(14) a discharge summary, including service termination notice and related documentation, when applicable; and<br>(15) other documentation required under this chapter and relevant to the resident's services or status.<br><br>This MN Requirement is not met as evidenced by: | 0 730 | | |

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| 0 730 | Continued From page 4<br><br>Based on interview and record review, the licensee failed to ensure the resident record included a discharge summary with the required content for one of one discharged resident (R1).<br><br>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).<br><br>The findings include:<br><br>R1 began receiving services on April 20, 2022, and was discharged on November 15, 2024. R1's undated, discharge/transfer summary indicated R1 transferred to another facility. Discharge information included support network and finance/care decisions.<br><br>R1's record lacked a discharge summary to include:<br>- course of illness;<br>- treatments and therapies;<br>- pertinent lab, radiology, and consultation results; and<br>- a final summary of the resident's status from the latest assessment or review including baseline and current mental, behavioral, and functional status.<br><br>On April 7, 2026, at 9:13 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the discharge summary did not include all the required discharge information. LALD-CNS-A stated he may have completed the | 0 730 | | |

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| 0 730 | Continued From page 5<br>wrong form and will check with EMR (electronic medical records) to find out what assessment to fill out for this.<br><br>The licensee's Resident Record - Information and Content policy date August 1, 2025, indicated a resident record must include a discharge summary, including service termination notice and related documentation, when applicable.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTIONS:<br>Twenty-one (21) days | 0 730 | | |
| 01890 SS=F | 144G.71 Subd. 20 Prescription drugs<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure medications were not expired for three of three residents (R3, R3, R4).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all | 01890 | | |

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| 01890 | Continued From page 6<br>the residents).<br><br>The findings include:<br><br>On April 7, 2026, at 8:07 a.m., the unlocked medication cart was reviewed with unlicensed personnel (ULP)-C and executive program manager (EPM)-B.<br><br>The following expired supply of medications was observed and confirmed with ULP-C and EPM-B:<br><br>R2<br>two bottles of ibuprofen 200 milligram (mg), expired December 2024<br>nicotine gum, expired October 2023<br><br>R3<br>hydroxyzine 50 mg, expired October 26, 2026<br><br>R4<br>chlorhexidine gluconate oral rinse, expired October 2025<br><br>On April 7, 2026, at 8:23 a.m., EPM-B stated the day shift should be checking for expiration dates because she does the medication re-ordering.<br><br>The licensee's Medication Disposal policy dated August 1, 2025, indicated expired medications managed by the licensee will disposed of according to the accepted practices of the Minnesota board of Pharmacy and the labels from the containers will be destroyed.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01890 | | |

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| 01910 | Continued From page 7 | 01910 | | |
| 01910 SS=F | 144G.71 Subd. 22 Disposition of medications<br><br>(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.<br>(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.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to complete in the resident's record the disposition of medications, 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 for one of one discharged resident (R1).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or | 01910 | | |

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| 01910 | Continued From page 8<br><br>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).<br><br>The findings include:<br><br>R1 began receiving services on April 20, 2022, with diagnoses including schizo-affective disorder and diabetes.<br><br>R1's discharge summary dated November 15, 2024, identified R1 received services which included medication administration.<br><br>R1 was discharged from the licensee on November 15, 2024. R1's record lacked a completed documentation of a disposition of medications upon discharge that included:<br>-medication name;<br>-strength;<br>-prescription number as applicable<br>-quantity;<br>-to whom the medications were given;<br>-date of disposition; and<br>-names of staff and other individuals involved in the disposition.<br><br>On April 6, 2026, at 3:26 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee did not complete a disposition of medications upon R1's discharge. LALD/CNS-A stated he thought the discharge summary included the medications at discharge. "I just figured with moving from facility to facility we didn't have to do that." | 01910 | | |

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| 01910 | Continued From page 9<br><br>The licensee's Medication Disposal policy dated August 1, 2025, indicated upon disposition, the facility must document in the resident's record the disposition of the expired medication including the medication's name, strength, prescription number as applicable, quantity, date of disposition, and names of staff and other individuals involved in the disposition.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01910 | | |
| 01970 SS=D | 144G.72 Subd. 6 Treatment and therapy orders<br><br>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 renewed at least every 12 months.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure a written prescriber order for a treatment was obtained for one of one resident (R2).<br><br>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 | 01970 | | |

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| 01970 | Continued From page 10<br><br>limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>R2 was admitted on October 1, 2024, and began receiving assisted living services.<br><br>R2's diagnoses included schizo-affective disorder and generalized anxiety.<br><br>R2's service plan dated April 7, 2026, indicated services included assistance with activities, reminders, bedmaking, CPAP/BIPAP (continuous positive airway pressure/bilevel positive airway pressure), housekeeping, grooming, laundry, behavior monitoring, meals, medication administration, weekly vitals, weights, and safety checks.<br><br>R2's record lacked a prescriber order for R2's CPAP/BIPAP use.<br><br>On April 7, 2026, at 10:22 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the treatment order for CPAP/BIPAP was missing from R2's record and would obtain an order from the provider.<br><br>The licensee's Treatment or Therapy Management Plan policy dated August 1, 2025, indicated there must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01970 | | |

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| 03090 SS=C | 144.6502, Subd. 8 Notice to Visitors<br><br>(a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities."<br>(b) The facility is responsible for installing and maintaining the signage required in this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure the required notice was posted at the main entrance of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all current residents in the assisted living facility, staff, and any visitors of the licensee.<br><br>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).<br><br>The findings include:<br><br>On April 6, 2026, at 1:46 p.m. upon entering the facility, the surveyor observed there was an electronic monitoring notice posted by the entrance to the facility which read: "This home is monitored external and internal cameras! Visual and audio recording."<br><br>The licensee lacked the required statutory language to disclose electronic monitoring | 03090 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36105 | A. BUILDING: _____ B. WING _____ | 04/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ROYAL HEALTH | 12209 PARKWOOD PLACE BURNSVILLE, MN 55337 |

| (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 |
|---|---|---|---|---|
| 03090 | Continued From page 12<br><br>activity:<br>"Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities."<br><br>On April 6, 2026, at 3:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated to not knowing the statute language and would update the signage with the required statutory language.<br><br>The licensee's Electronic Monitoring policy dated August 1, 2025, indicated signs are installed at each facility entrance accessible to visitors that state: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons or activities."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 03090 | | |

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

Royal Health
12209 PARKWOOD PLACE
Burnsville, MN 55337
Dakota County
Parcel:

Phone:

## License Info

License: HFID 36105

Risk:
License:
Expires on:
CFPM: Robinson Ronde Nganywa
CFPM #: 1707; Exp: 2/2/2028

## Inspection Info

Report Number: F1018261081
Inspection Type: Full - Single
Date: 4/7/2026 Time: 1:21:31 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

Inspection conducted with Jenn Panitzke (MDH) present.

Establishment does all same day service of foods.

Dishwasher has a sanitize function and test strip indicated appropriate temperature was reached.

Kitchen has a two basin sink with one basin for hand washing and the other for food prep.

Countertops are constructed of granite, cabinets are wooden, walls are tiled back-splash, floors are tiled, and ceiling is popcorn ceiling.

All equipment observed in good condition.

Establishment has a needle point thermometer for checking food temperatures.

Discussed employee illness, illness logs, and pest control.

**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 F1018261081 from 4/7/2026**

Jamie Houts

Rebecca Prestwood

Rebecca Prestwood, REHS
Public Health Sanitarian 3
651-201-3777
rebecca.prestwood@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

Royal Health
Burnsville
County/Group: Dakota County

## Inspection Info

Report Number: F1018261081
Inspection Type: Full
Date: 4/7/2026
Time: 1:21:31 PM

**Food Temperature: Product/Item/Unit:** cheese**; Temperature Process:** Cold-Holding
**Location:** Refrigerator at 39 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

Royal Health
Burnsville
County/Group: Dakota County

## Inspection Info

Report Number: F1018261081
Inspection Type: Full
Date: 4/7/2026
Time: 1:21:31 PM

**Sanitizing Equipment**: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
**Location:** Dishwashing Area **Equal To** 160 Degrees F.
Comment:
*Violation Issued?: No*