



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 21, 2026

Licensee

Dis-Generation Group Inc.

6617 Quebec Avenue

Brooklyn Center, MN 55428

RE: Project Number(s) SL33047016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 20, 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.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;

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

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

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

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

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

pursuant to this survey:

0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - \$1,000.00

1290 - 144g.60 Subdivision 1 - Background Studies Required - \$1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$2,500.00.** You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

REQUESTING A HEARING

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

To submit a hearing request, please visit:

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor

State Evaluation Team

Email: casey.devries@state.mn.us

Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2026
NAME OF PROVIDER OR SUPPLIER DIS-GENERATION GROUP INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6617 QUEBEC AVENUE BROOKLYN CENTER, MN 55428		
(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: SL33047016-0 On August 18, 2026, through August 20, 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 was one resident who resided at the facility and received services under the Assisted Living Facility license. An immediate order for correction was identified on August 19, 2026, issued for SL33047016-0, tag identification 1290. During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.	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			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	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,	0 480			

Minnesota Department of Health

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are 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 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 18, 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	0 480			
0 650 SS=E	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (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 (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for two of three employees (registered nurse (RN)-A, unlicensed personnel (ULP)-B).	0 650			

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0 650	Continued From page 4 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). The findings include: RN-A RN-A was hired on December 12, 2025, to provide oversight to ULP and to provide assisted living services. RN-A's employee record lacked a job description. ULP-B ULP-B was hired on June 15, 2026, to provide assisted living services. ULP-B's employee record lacked the following competency evaluations: - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; - care and use of hearing aids; - dressing and assisting with toileting; - reading and recording temperature, pulse, and respirations; and - blood glucose. R1's blood glucose record dated July 18, 2026, to August 18, 2026, indicated ULP-B performed a blood glucose on August 18, 2026, at 9:26 a.m. On August 19, 2026, at 10:02 a.m., licensed assisted living director/clinical nurse supervisor	0 650			

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0 650	Continued From page 5 (LALD/CNS)-C verified RN-A's employee record lacked a job description and stated they had to develop RN-A's job description "still". LALD/CNS-C verified the competencies listed above were not in ULP-B's employee record. LALD/CNS-C stated ULP-B did receive the competency evaluations listed above; however, they would have to ask RN-A if they had the forms. LALD/CNS-C was unable to locate the competency evaluations prior to the completion of the survey. On August 19, 2026, at 10:46 a.m., ULP-B stated they were trained on the topics above by the RN and by another coworker at the facility. ULP-B stated the nurse watched them complete a return demonstration on the topics listed above. The licensee's 5.10 Training Records policy dated July 26, 2021, indicated the licensee would maintain a record of staff training and competency evaluations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650			
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must	0 660			

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0 660	Continued From page 6 include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include a TB health history evaluation for three of three employees (registered nurse (RN)-A, unlicensed personnel (ULP)-B, ULP-H). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: RN-A RN-A was hired on December 12, 2025, to provide oversight to ULP and to provide assisted living services. RN-A's employee record included a negative QuantiFERON gold TB blood test completed on December 8, 2025, by an outside agency. RN-A's	0 660			

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0 660	Continued From page 7 employee record lacked a TB health history evaluation. ULP-B ULP-B was hired on June 15, 2026, to provide assisted living services. ULP-B's employee record included a Baseline TB Screening tool for Health Care Personnel (HCPs) completed June 30, 2025, a positive QuantiFERON gold TB blood test completed June 2, 2026, and a negative chest Xray completed June 8, 2026. The TB screenings were completed by an outside agency. The TB health history evaluation was not conducted within 90 days of hire and was completed by a previous employer. ULP-H ULP-H was hired on April 10, 2026, to provide assisted living services. ULP-H's employee record included a negative chest Xray completed on July 20, 2020, after a positive QuantiFERON gold TB blood test. In addition, ULP-H's employee record included a positive QuantiFERON gold TB blood test completed on March 30, 2026, and a negative chest Xray completed on April 6, 2026. The TB screenings were completed by an outside agency. ULP-H's record lacked a TB health history evaluation. On August 19, 2026, at 10:05 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated when employees were screened for TB at an outside agency, the outside agency completed the TB health history evaluation. The surveyor inquired if they received any of the TB health history evaluations from the	0 660			

Minnesota Department of Health

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0 660	Continued From page 8 outside agencies once testing was completed. LALD/CNS-C stated, no, and LALD/CNS-C inquired if they should receive a copy of the health history evaluation from the outside agency to place into the employee record. The CDC's document titled Baseline Tuberculosis Screening and Testing for Health Care Personnel dated December 19, 2023, recommended all health care personnel should be screened for TB upon hire and the TB screening process included: - a baseline individual TB risk assessment; - TB symptom evaluation; - a TB test which could include TB blood test or TB skin test; and - additional evaluation for TB disease as needed. The licensee's 8.16 Tuberculosis screening policy dated July 26, 2021, indicated new staff would be screened for active sign of TB using the Baseline TB Screening Tool for Health Care Workers (HCWs). No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (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;	0 680			

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0 680	Continued From page 9 (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents receiving services under the assisted living license. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's EPP last reviewed on March 7,	0 680			

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0 680	Continued From page 10 2026, lacked the following required content: - policies and procedures for sewage and waste disposal; and - a quarterly review of the missing resident plan. On August 19, 2026, at 10:30 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they reviewed the missing resident plan annually. LALD/CNS-C stated they did not have documents within the EPP that addressed sewage and waste disposal however, they believed they created a document after a previous survey and forgot to place the document with the EPP. The licensee's 9.01 Emergency Preparedness Plan - Appendix Z Compliance dated July 26, 2021, indicated the licensee had in place an effective and compliant EPP. The licensee's intent was for the plan to be in alignment with the Centers for Medicare and Medicaid Services State Operation Manual Appendix Z. Minnesota Administrative Rule 4659.0100 dated August 11, 2021, indicated assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.72, or successor requirements. This part referenced documents, specifications, methods, and standards in State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types: Interpretive Guidance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			

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0 775	Continued From page 11	0 775			
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 18, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775			
0 810 SS=I	144G.45 Subd. 2 (b-f) Fire protection and physical environment	0 810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2026
NAME OF PROVIDER OR SUPPLIER DIS-GENERATION GROUP INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6617 QUEBEC AVENUE BROOKLYN CENTER, MN 55428		
(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
0 810	Continued From page 12 (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota	0 810			

Minnesota Department of Health

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0 810	Continued From page 13 Statute 144G. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 18, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office	01060			

Minnesota Department of Health

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01060	Continued From page 14 of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, or designated representative for two of two residents (R1, R2). In addition, the licensee failed to provide the notification to the Office of Ombudsman for Long-Term Care (OOLTC) of the emergency relocation greater than four days for one of one resident (R2).	01060			

Minnesota Department of Health

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01060	Continued From page 15 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted to the facility on February 9, 2024, and began receiving assisted living services. R1's diagnoses included schizophrenia (a mental disorder that affects how a person thinks, feels, and behaves, often leading to hallucinations, delusions, and disorganized thinking), anoxic brain damage, diabetes, joint pain, paraplegia, and spastic diplegic cerebral palsy (a movement and neurological disorder that causes muscles to be overly toned). R1's Service Plan (Waiver) - Addendum to Contract signed February 9, 2024, indicated R1 received assistance with activities, wheelchair mobility, bathing, behavior management, dressing, toileting, drinking, exercise, housekeeping, laundry, meals, medication administration, positioning, blood glucose, transfers, and socialization. R1's progress note dated August 12, 2026, indicated R1 was taken to the hospital after they became weak and had a fever.	01060			

Minnesota Department of Health

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01060	Continued From page 16 R1's progress note dated August 15, 2026, indicated R1 returned to the facility from the hospital. R1's record lacked evidence that the licensee provided the resident or resident's representative with a written emergency relocation notice. R2 R2 was admitted to the facility on April 15, 2025, and began receiving assisted living services. R2 was discharged from the licensee on August 11, 2026. R2's diagnoses included asthma, acute respiratory failure with hypoxia, and diabetes. R2's Service Plan (Waiver) - Addendum to Contract signed April 15, 2026, indicated R2 received assistance with activities, bathing, dressing, grooming, mobility, grooming, housekeeping, laundry, meals, medication administration, blood glucose, and toileting. R2's progress note dated August 1, 2026, indicated R2 was admitted to the hospital with the diagnosis of pneumonia and sepsis. R2's progress note dated August 11, 2026, indicated R2 passed away at the hospital. R2's record lacked evidence that the licensee provided the resident or resident's representative with a written emergency relocation notice. The record also lacked evidence to indicate the licensee provided the notification to the OOLTC of the emergency relocation greater than four days as required. On August 18, 2026, at 1:27 p.m., licensed	01060			

Minnesota Department of Health

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01060	Continued From page 17 assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they did not provide an emergency relocation notice for R1 and R2 because they were still considered their residents. LALD/CNS-C stated they did not notify OOLTC after R2 was hospitalized for over four days. LALD/CNS-C stated the licensee has never completed an emergency relocation notice for anyone who had been hospitalized. LALD/CNS-C stated they had only provided an emergency relocation notice when the licensee was terminating services. LALD/CNS-C stated they believed and emergency relocation notice was only provided for terminations. The licensee's 2.37 Resident Record - Documentation policy dated July 26, 2021, indicated in addition to scheduled tasks, other pertinent information that should be documented in a resident's chart include but are not limited to information about: - new problems; - resident or family concerns; - change in conditions; - incidents; and - family problems. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060			
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter	01290			

Minnesota Department of Health

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01290	Continued From page 18 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was submitted and a clearance letter was received for two of ten employees (unlicensed personnel (ULP)-G, ULP-H). This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) 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: ULP-G was hired on August 23, 2022, to provide assisted living services. ULP-H was hired on April 10, 2026, to provide assisted living services. R1's Med Admin Summary - Month dated August 2026, indicated ULP-G administered medication	01290			

Minnesota Department of Health

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01290	Continued From page 19 to R1 on August 3, 4, 5, 9, 10, and 17, 2026. In addition, the Med Admin Summary indicated ULP-H administered medication to R1 on August 1, 2, and 16, 2026. The licensee's posted daily staff schedule tilted August Schedule dated 2026, indicated ULP-G worked independently at the facility on July 26, 27, 28, 29, 2026, and August 3, 4, 5, 8, 9, 10, 11, 12, 17, and 18, 2026. In addition, the August Schedule indicated ULP-H worked independently at the facility on August 1, 2, 15, and 16, 2026. On August 19, 2026, at 9:10 a.m., the surveyor reviewed the licensee's NETStudy 2.0 roster (web-based system used by the Minnesota Department of Human Services (DHS) to submit and process background study requests) provided by licensed assisted living/clinical nurse supervisor (LALD/CNS)-C. The surveyor did not observe ULP-G or ULP-H on the roster. LALD/CNS-C stated they needed to contact someone related to the NETStudy roster and they would get back to the surveyor about the two employees. On August 19, 2026, at 9:25 a.m., LALD/CNS-C stated they were having issues locating the two employees in the NETStudy system. On August 19, 2026, at 10:10 a.m., the surveyor requested ULP-G and ULP-H's background studies. LALD/CNS-C stated they completed background studies on the employees however, owner (O)-D was training a new employee who accidentally deleted the two employees off of the licensee's NETStudy roster. On August 19, 2026, at 11:19 a.m., O-D stated ULP-G and ULP-H were accidentally removed	01290			

Minnesota Department of Health

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01290	Continued From page 20 from the NETStudy roster when they were training a new employee on the NETStudy system. O-D stated they were working with NETStudy to get them added back on to the roster. On August 30, 2026, at approximately 11:30 a.m., the surveyor observed the NETStudy website and observed the following: -ULP-H was affiliated with another licensee owned by the same company with health facility identification number (HFID) 32747 on February 23, 2021, however, was separated on February 23, 2021; and -ULP-G was affiliated with the licensee's HFID 33047 on August 22, 2022, however, was separated from the licensee's roster on July 1, 2023. On August 19, 2026, at 12:06 p.m., O-D stated they spoke with a NETStudy staff member, and they were unable to retrieve the old applications for ULP-G and ULP-H to place them back onto their NETStudy roster. O-D stated ULP-G and ULP-H were permanently deleted and now the licensee would need to conduct new background studies. The licensee's 4.02 Background Studies policy dated July 26, 2021, indicated the licensee would conduct a DHS background study on all employees, volunteers, and contractors. No employee may provide direct services and have independent direct contact with any resident until acceptable results of the background study have been received. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	01290			

Minnesota Department of Health

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01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store all refrigerated medication in a securely locked location. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On August 18, 2026, at approximately 10:00 a.m., during a facility tour, the surveyor observed an unlocked medication refrigerator located in the lower-level common area of the facility. The surveyor observed that the medication refrigerator was not secured and observed three Ozempic 2 milligram (mg)/3milliliter (ml) pens within the refrigerator. Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated there was only one staff member and one resident in the facility at a time and stated, "do they need to be locked." LALD/CNS-C stated, "I thought it was pretty secure because only staff go to the lower level."	01880			

Minnesota Department of Health

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01880	Continued From page 22 The licensee's 7.11 Medication Storage policy dated July 26, 2021, indicated that when medications were managed and stored by the licensee, medication would be kept securely locked and stored per manufacturer's directions. Only authorized staff would have access to stored medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880			



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

Food & Beverage Inspection Report

Page: 1

Establishment Info

Dis-Generation Group Inc
6617 Quebec Avenue
Brook Park, MN 55428
Hennepin County
Parcel:

Phone:

License Info

License: HFID 33047

Risk:
License:
Expires on:
CFPM: Chineze Anwah
CFPM #: CFPM-66061; Exp:
3/31/2029

Inspection Info

Report Number: F1047261205
Inspection Type: Full - Single
Date: 8/18/2026 Time: 12:00 pm
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 2
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery:

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: NO TEST KIT ONSITE TO TEST CHLORINE SANITIZER SOLUTION

Comply By: 8/18/2026 Originally Issued On: 8/18/2026

! New Order: 4-500 Equipment Maintenance and Operation

4-501.114C1 *Priority Level: Priority 1 CFP#: 16*

MN Rule 4626.0805C1 Provide and maintain an approved chlorine chemical sanitizer solution that has a minimum concentration of 50 ppm and a minimum temperature of 75 degrees F (24 degrees C) for water with a pH of 8 or less or a minimum temperature of 100 degrees F (38 degrees C) for water with a pH of 8.1 to 10.

COMMENT: UNABLE TO USE CHLORINE ONSITE TO REACH 50PPM. FACILITY STATED CHLORINE SANITIZER SOLUTION IS USED FOR WASHING LARGE POTS/ITEMS THAT DO NOT FIT IN THE DISHWASHER. FACILITY WILL NEED TO ACQUIRE A NEW APPROVED SANITIZER SOLUTION (SUCH AS A NEW CHLORINE BASED SANITIZER) IF THEY CONTINUE TO USE THESE LARGE ITEMS.

Comply By: 8/18/2026 Originally Issued On: 8/18/2026

! New Order: 4-700 Sanitizing Equipment and Utensils

4-703.11B *Priority Level: Priority 1 CFP#: 16*

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

COMMENT: PHOTO PROVIDED BY OPERATOR INDICATED DISHMACHINE ONLY REACHED 73F. FACILITY WILL NEED TO USE ALTERNATIVE METHOD OF SANITIZING UNTIL MACHINE CONSISTENTLY MEETS ABOVE REQUIREMENTS.

Comply By: 8/18/2026 Originally Issued On: 8/18/2026

Food & Beverage General Comment

The inspection was completed with the operator and reviewed with MDH Nurse Evaluator A. Crews.

The establishment has a residential kitchen and serves food that is prepared that day. The kitchen has wood cabinets, laminate floor, tiled walls, solid counter top, and a painted ceiling.

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

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

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1047261205 from 8/18/2026



Stella Lwuchukwu
Operator

Holly Sievers,
Public Health Sanitarian 3
651-201-5946
holly.sievers@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info	Inspection Info
Dis-Generation Group Inc	Report Number: F1047261205
Brook Park	Inspection Type: Full
County/Group: Hennepin County	Date: 8/18/2026
	Time: 12:00 pm

Food Temperature: **Product/Item/Unit:** Yogurt; **Temperature Process:** Cold-Holding
Location: Refrigerator at 38 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

Page: 1

Establishment Info

Dis-Generation Group Inc
Brook Park
County/Group: Hennepin County

Inspection Info

Report Number: F1047261205
Inspection Type: Full
Date: 8/18/2026
Time: 12:00 pm

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 73 Degrees F.

Comment: via photo from operator

Violation Issued?: Yes

Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Wiping Cloth Bucket

Location: Kitchen **Equal To** 100 PPM

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: 33047016-0	Date: Tuesday, August 18, 2026
Facility Name: Dis Generation Group inc	
Facility Address: 6617 Quebec Ave Brooklyn Park MN 55428	

☒ TAG IDENTIFICATION: 0775

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. Listed single and multiple-station smoke alarms complying with UL 217 shall be installed. [Minn. Stat. 144G.45 subd. 2; MSFC 907.2.10]

Comments: All smoke alarms observed in the facility were not listed in accordance with UL 217 at the time of the survey.

☒ TAG IDENTIFICATION: 0810

SCOPE/ SEVERITY: Level 3; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

Comments: Licensee’s FSEP failed to include site-specific employee actions relative to the facility’s building layout, evacuation routes, and ways to remove residents. Staff responsibilities and evacuation procedures were not clearly defined.

Comments: The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency.

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. [Minn. Stat. 144G.45 subd.2]

Comments: The FSEP failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan included instructions to evacuate residents but did not include the identification of residents that need assistance or any resident-specific procedures to staff for assisting residents during an evacuation.

4. Employees of assisted living facilities shall receive training on the fire safety and evacuation plans (FSEP) upon hiring and at least twice per year thereafter. [Minn. Stat. 144G.45 subd.2]

Comments: The licensee failed to provide training to employees on the FSEP upon hire and at least twice per year. No training documentation was provided.

5. Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. [Minn. Stat. 144G.45 subd.2]

Comments: The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. Record review of licensee's evacuation drill log showed that drills were conducted in January and March of 2026. No fire drills have been conducted since.