



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 24, 2025

Licensee

Park Point Inc

5930 Pearson Drive

Brooklyn Center, MN 55429

RE: Project Number(s) SL41025015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on July 23, 2025, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted no violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health 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. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. 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

Per 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 residents/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 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 the Department of Health within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

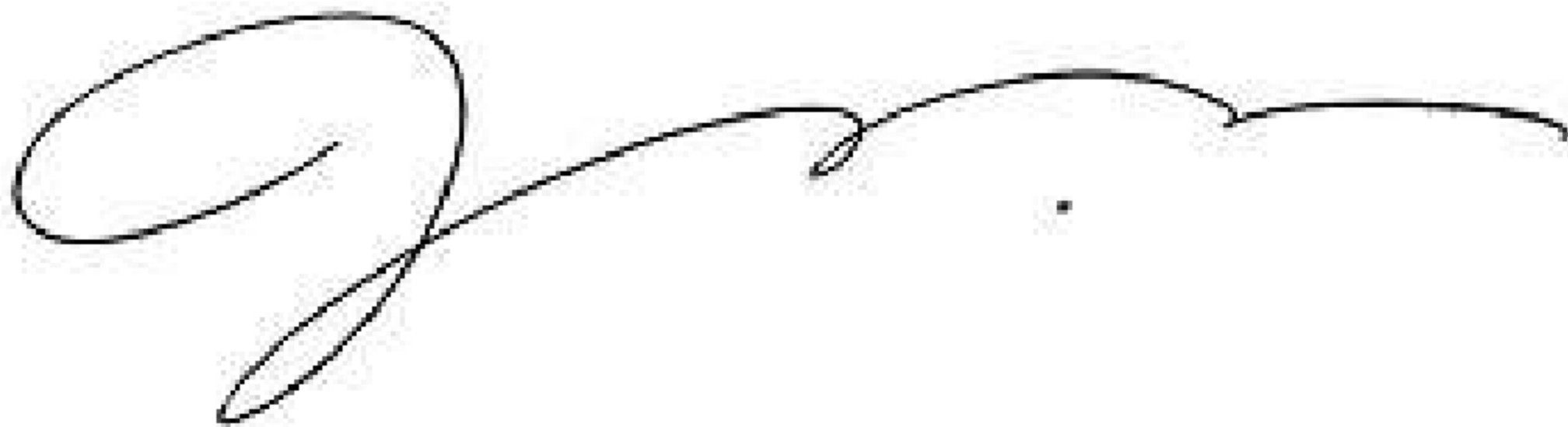
<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2025
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NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5930 PEARSON DRIVE BROOKLYN CENTER, MN 55429
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</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>INITIAL COMMENTS: SL#41025015</p> <p>On July 21, 2025, through July 23, 2025, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 2 residents; 2 receiving services under the Provisional Assisted Living 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 License Providers. 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 surveyors' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
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
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0 480	<p>Continued From page 1</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A,</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;</p> <p>(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</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>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.</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) 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 the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 21, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p>	0 480		
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0 480	Continued From page 3	0 480		
0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required information related to the grievance procedure and contact information for the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. This had the potential to affect all the licensee's current residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	0 550		

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0 550	<p>Continued From page 4</p> <p>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 the residents).</p> <p>The findings include:</p> <p>During a facility tour on July 21, 2025, at approximately 10:40 a.m., the common areas shared by residents, staff, and visitors, lacked a posting of the grievance procedure to include the name, telephone number, and e-mail contact information for the individuals who were responsible for handling resident grievances.</p> <p>On July 21, 2025, at approximately 10:45 a.m., licensed assisted living director (LALD)-A acknowledged the required content was not posted in the common areas. LALD-A stated the licensee was unaware of this requirement and would update the grievance procedure posting with the required information.</p> <p>The licensee's 2.10 Complaint/Grievance Posting policy dated August 1, 2021, indicated licensee would post the name, telephone number, and email contact information for the individual(s) who are responsible for handling complaint/grievances.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 550		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c	0 640		

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0 640	<p>Continued From page 5</p> <p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>(2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and</p> <p>(3) providing reasonable accommodations with information and notices in plain language.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post required content to include the 911 emergency number in common areas. This had the potential to affect all residents, staff, and visitors.</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) 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).</p> <p>The findings include:</p> <p>On July 21, 2025, at 10:40 a.m., during the facility tour, the surveyor observed the main areas of the facility with licensed assisted living director (LALD)-A. The surveyor did not observe the 911 emergency number posted near a</p>	0 640		
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0 640	<p>Continued From page 6</p> <p>telephone located on a desk in the living room.</p> <p>On July 21, 2025, at 10:45 a.m., LALD-A stated the cordless telephones could be used by staff, residents, or visitors.</p> <p>On July 21, 2025, at 10:50 a.m., LALD-A stated was unaware of the requirement for the 911 emergency number to be posted near the cordless telephones in the common areas.</p> <p>The licensee's 2.44 Vulnerable Adult Maltreatment - Prevention & Reporting policy dated August 1, 2021, indicated the licensee will post 911 emergency number in common areas near telephones provided by the assisted living facility.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 640		
0 810 SS=F	<p>144G.45 Subd. 2 (b-f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <p>(1) location and number of resident sleeping rooms;</p> <p>(2) staff actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(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</p>	0 810		

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0 810	<p>Continued From page 7</p> <p>evacuation.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content. This had the potential to directly affect all residents, staff, and visitors.</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) 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).</p>	0 810		

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0 810	<p>Continued From page 8</p> <p>The findings include:</p> <p>On July 21, 2025, at approximately 11:30 a.m., survey staff observed the room identification on the fire evacuation diagrams did not match the room identification being used in the facility. The lower level diagram had BR #5 labeled as an office. Exit plan diagrams must be correctly labeled to reduce confusion and potential obstructions to egress in a fire or similar emergency.</p> <p>On July 21, 2025, licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p>FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP failed to include the following:</p> <p>The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine, and Extinguish or Evacuate) but the plan was designed for a building with life safety systems such as fire alarms. The policy had not been updated to provide complete actions for employees to take in the event of a fire or similar emergency at the licensed facility which did not have life safety systems.</p> <p>On July 21, 2025, LALD-A stated they understood the area of their policy that was</p>	0 810		
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0 810	Continued From page 9 incomplete and would work to bring the policy into compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include:	0 970		

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0 970	<p>Continued From page 10</p> <p>On July 21, 2025, at approximately 11:30 a.m., licensed assisted living director (LALD)-A provided the licensee's resident's Assisted Living Contract and stated the contract was used by licensee for all residents who would live in the facility.</p> <p>The licensee's Assisted Living Contract, undated, on page 14, included a section titled Indemnification and read, "[Licensee] shall not be liable for any damage or injury to the resident... or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold [licensee] harmless from any claims or damages unless caused solely by negligence of [licensee]."</p> <p>On July 21, 2025, at approximately 11:50 a.m., LALD-A acknowledged the licensee's assisted living contract included a waiver of liability for health and safety or personal property of the resident. LALD-A stated the liability waiver would need to be removed from the licensee's contract.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 970		
01880 SS=D	<p>144G.71 Subd. 19 Storage of medications</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:</p>	01880		

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NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5930 PEARSON DRIVE BROOKLYN CENTER, MN 55429
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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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01880	<p>Continued From page 11</p> <p>Based on observation, interview, and record review, the licensee failed to ensure medications were stored securely for one of one resident (R3) with medication management services.</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 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>On July 21, 2025, at 9:45 a.m., during entrance conference, licensed assisted living director (LALD)-A stated the licensee provided medication administration to all residents.</p> <p>On July 21, 2025, at 10:30 a.m., during a tour of licensee's facility, a small medication refrigerator was observed in the kitchen area. The refrigerator lacked a secured lock and was able to be opened by any person who was in the area. Stored in the refrigerator were two (2) prefilled pens of the medication Lantus Solostar U-100 Insulin 100 unit/milliliter (ml) (inject 30 Units subcutaneously daily in the afternoon for type 2 diabetes mellitus) for R3.</p> <p>R3 was admitted on April 14, 2025.</p> <p>R3's Service Plan dated April 14, 2025, was provided by LALD-A and indicated as R3's current service plan with services R3 was receiving that included medication administration.</p>	01880		
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Minnesota Department of Health

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01880	<p>Continued From page 12</p> <p>R3's record contained a prescription dated May 22, 2025, that indicated drug Insulin Glargine 100 unit/ml subcutaneous solution pen injector (Lantus) be injected 30 units subcutaneously daily in the afternoon.</p> <p>On July 21, 2025, at 10:45 a.m., LALD-A acknowledged the licensee's medication refrigerator that stored R3's medication was unsecured. LALD-A stated there were medication refrigerators at other locations owned by the same owner that were locked and LALD-A didn't know why this one was not locked.</p> <p>The licensee's 7.11 Medication Storage policy dated August 1, 2021, , indicated resident medications would be stored in a securely locked compartment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		
02410 SS=D	<p>144G.91 Subd. 13 Personal and treatment privacy</p> <p>(a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan.</p> <p>(b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a</p>	02410		

Minnesota Department of Health

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02410	<p>Continued From page 13</p> <p>staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan.</p> <p>(c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure privacy was maintained for one of one resident (R3) while receiving personal cares.</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 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>Upon arrival at the facility on July 2, 2025, at 9:00 a.m., unlicensed personnel (ULP)-C greeted the surveyor and requested the surveyor wait in the dining room until licensed assisted living director (LALD)-A arrived. ULP-C then continued bathing cares on R3 in the main level bathroom next to</p>	02410		
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Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5930 PEARSON DRIVE BROOKLYN CENTER, MN 55429
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02410	<p>Continued From page 14</p> <p>the dining room.</p> <p>On July 21,2025, at approximately 9:15 a.m., LALD-A arrived on site and joined the surveyor in the dining room.</p> <p>On July 21,2025, at approximately 9:20 a.m., surveyor and LALD-A observed ULP-C transport R3 in a wheelchair from the main level bathroom through the dining room to R3's bedroom. R3 was naked except a hand towel that covered R3's genitalia area. Surveyor attempted to interview R3, but R3 was unable to follow interview questions.</p> <p>On July 21, 2025, at approximately 9:25 a.m., LALD-A stated licensee would argue most people just cover up their genital area when going from the bathroom to the bedroom.</p> <p>During the entrance conference on July 21, 2025, at 9:45 a.m., LALD-A stated they were familiar with current minimum assisted living requirements.</p> <p>On July 21,2025, at approximately 11:55 a.m., surveyor attempted to interview R3, but R3 was unable to follow interview questions.</p> <p>R3's record indicated R3 received the Minnesota Bill of Rights for Assisted Living Residents dated April 14, 2025.</p> <p>R3's Service Plan dated April 14, 2025, indicated R3 required assistance with dressing, grooming, mobility assistance, wheelchair use, medications, behaviors, and activities.</p> <p>On June 21, 2025, at 12:32 p.m., per phone</p>	02410		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2025
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02410	<p>Continued From page 15</p> <p>interview, LALD-A disagreed with the citation and stated the licensee would require R3 to buy a robe.</p> <p>The licensee's Minnesota Bill of Rights effective August 1, 2022, indicated a resident's privacy must be respected during toileting, bathing, and other activated of personal hygiene, expect as needed for resident safety or assistance.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02410		



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	License Info	Inspection Info
Park Point Inc 5930 Pearson Drive Brooklyn Center, MN 55429 Hennepin County Parcel: Phone:	License: HFID 41025 Risk: License: Expires on: CFPM: Elvis Ehigiatan Osagie CFPM #: 15444; Exp: 9/21/2028	Report Number: F1013251038 Inspection Type: Full - Single Date: 7/21/2025 Time: 01:00 PM Duration: minutes Announced Inspection: <u>Total Priority 1 Orders: 0</u> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 1</u> <u>Delivery:</u>

New Order: 4-200 Equipment Design and Construction

4-201.11GMN *Priority Level: Priority 3 CFP#: 47*

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

COMMENT: LEFTOVER MEALS WERE IN THE KITCHEN REFRIGERATOR. THE MEALS WERE NOT COOKED/PREPARED ON THE DAY OF INSPECTION. COMPLY WITH RULE. DISCUSSED SAME DAY SERVICE WITH STAFF AND THE FOODS WERE REMOVED.

Comply By: 7/21/2025 Originally Issued On: 7/21/2025

Food & Beverage General Comment

The inspection was completed with the operator then reviewed with MDH Nurse Evaluator C. Samrock.

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

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

Residential dish machine is used to wash ware. The dish machine was run on the heavy cycle.

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

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

I acknowledge receipt of the Metro District Office inspection report number F1013251038 from 7/21/2025

[Handwritten Signature]

Jerry Malloy

Elvis Osagie
Operator

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



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

Temperature Observations/Recordings

Page: 1

Establishment Info

Park Point Inc
Brooklyn Center
County/Group: Hennepin County

Inspection Info

Report Number: F1013251038
Inspection Type: Full
Date: 7/21/2025
Time: 01:00 PM

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

Location: Refrigerator at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: Refrigerator at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: Freezer at 15 Degrees F.

Comment:

Violation Issued?: No



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Sanitizer Observations/Recordings

Page: 1

Establishment Info

Park Point Inc
Brooklyn Center
County/Group: Hennepin County

Inspection Info

Report Number: F1013251038
Inspection Type: Full
Date: 7/21/2025
Time: 01:00 PM

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

Location: Kitchen **Equal To** 160 Degrees F.

Comment:

Violation Issued?: No