



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 17, 2026

Licensee
Hastings Senior Health and Living
901 West 16th Street
Hastings, MN 55033

RE: Project Number(s) SL30651016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 25, 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 . . ."

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:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. 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,



Jodi Johnson, Supervisor

State Evaluation Team

Email: Jodi.Johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30651	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
NAME OF PROVIDER OR SUPPLIER HASTINGS SENIOR HEALTH AND LIV			STREET ADDRESS, CITY, STATE, ZIP CODE 901 WEST 16TH STREET HASTINGS, MN 55033		
(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: SL30651016-0 On August 24, 2026, through August 25, 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 80 residents; 21 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

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, existing floor, wall, and ceiling finishes are	0 480			

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

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480			
0 690 SS=F	144G.43 Subdivision 1 Resident record (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure entries were authenticated by the name and title of the person making the entry in for two of two residents (R1 and R2). 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 on April 20, 2023, with diagnoses that included diabetes. On August 25, 2026, at 7:24 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1.	0 690			

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0 690	Continued From page 4 R1's service plan dated August 13, 2026, indicated R1 received services to include grooming, dressing, showers, escorts, blood sugar checks and medication administration. R1's medication administration record (MAR) dated August 2026, included staff names but lacked staff credentials/title for all staff who documented medication administration for R1. R1's resident notes dated February 2026, through August 2026, included staff names but lacked staff credentials/titles for all staff who documented resident notes for R1. R1's service delivery record dated August 2026, included the staff names but lacked staff credentials/titles for all staff who documented services provided to R1. R1's comprehensive evaluations dated February 2, 2026, May 4, 2026, and August 11, 2026, included the staff names but lacked staff credentials/titles for all staff who completed the comprehensive evaluations for R1. R2 R2 was admitted on October 12, 2023, with diagnoses that included diabetes. On August 25, 2026, at 8:05 a.m., the surveyor observed ULP-D administer medications to R2. R2's service plan dated January 22, 2026, indicated R2 received services to include showers, blood sugar checks, medication set-up and medication administration. R2's medication MAR dated August 2026, included staff names but lacked staff	0 690			

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0 690	Continued From page 5 credentials/title for all staff who documented medication administration for R2. R2's resident notes dated January 2026, through August 2026, included staff names but lacked staff credentials/titles for all staff who documented resident notes for R2. R2's service delivery record dated August 2026, included the staff names but lacked staff credentials/titles for all staff who documented services provided to R2. R2's comprehensive evaluations dated January 22, 2026, April 22, 2026, and July 17, 2026, included the staff names but lacked staff credentials/titles for all staff who completed the comprehensive evaluations for R2. On August 25, 2026, at 12:16 p.m., clinical nurse supervisor (CNS)-B and regional director of clinical services (RDCS)-E reviewed R1 and R2's documents and stated R1 and R2's MAR, resident notes and comprehensive evaluations did not include staff credentials/titles. RDCS-E stated the licensee had recently changed electronical health record (EHR) systems and was not sure why the staff credentials/titles were not shown on all resident documents. RDCS-E stated she put in a work ticket with the EHR company to have this corrected as soon as possible. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 690			

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0 775	Continued From page 6	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 25, 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=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment	0 810			

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0 810	Continued From page 7 (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			

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0 810	Continued From page 8 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 25, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty One (21) days.	0 810			
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected	01620			

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01620	Continued From page 9 circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse	01620			

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01620	Continued From page 10 (RN) conducted ongoing nursing assessments not to exceed 90 days for one of two residents (R1). In addition, the licensee failed to complete a change of condition assessment for one of one resident (R1). 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ONGOING NURSE ASSESSMENT R1 was admitted on April 20, 2023, with diagnoses that included diabetes. On August 25, 2026, at 7:24 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1. R1's service plan dated August 13, 2026, indicated R1 received services to include grooming, dressing, showers, escorts, blood sugar checks and medication administration. R1's ongoing nursing assessments dated February 2, 2026, and May 4, 2026, were reviewed. The May 4, 2026, assessment was completed 91 days after the date of the previous assessment, thus exceeding 90 calendar days. CHANGE OF CONDITION ASSESSMENT R1's resident notes dated June 30, 2026, indicated R1 was sent to the emergency room after a fall with right leg and hip pain. R1 was	01620			

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01620	Continued From page 11 admitted to the hospital with a pelvic fracture. R1's resident notes dated August 5, 2026, indicated R1 returned to the licensee after a short stay at a transitional care unit (TCU) for rehab. R1's record contained a comprehensive evaluation dated August 11, 2026, which was completed six days after R1 returned to the licensee. On August 25, 2026, at 12:19 p.m., clinical nurse supervisor (CNS)-B reviewed R1's record and stated R1's May 4, 2026, assessment was completed one day late. CNS-B stated she had not completed a change in condition assessment upon R1's return to the licensee. CNS-B stated she completed a change in condition assessment on August 11, 2026, because she thought she had up to 14 days to complete a change in condition assessment. The licensee's Ongoing and Change in Condition Assessment-Evaluation of Residents policy dated February 6, 2026, indicated the RN will coordinate the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required: a. admission assessment b. 14-day assessment: completed up to 14-days after start of services c. Ongoing assessment: completed periodically but no less than every 90 days d. Change in resident condition No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30651	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
NAME OF PROVIDER OR SUPPLIER HASTINGS SENIOR HEALTH AND LIV			STREET ADDRESS, CITY, STATE, ZIP CODE 901 WEST 16TH STREET HASTINGS, MN 55033		
(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
01640	Continued From page 12	01640			
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of two residents (R2). 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number	01640			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30651	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
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01640	Continued From page 13 of staff are involved, or the situation has occurred only occasionally). The findings include: R2 was admitted on October 12, 2023, with diagnoses that included diabetes. R2's service plan dated January 22, 2026, indicated R2 received services to include medication set-up and medication administration. On August 25, 2026, at 8:05 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R2. ULP-D stated staff administered all of R2's medications and R2 did not have medication setup services. On August 25, 2026, at 12:24 p.m., clinical nurse supervisor (CNS)-B stated R2 previously had medication set-up services for one medication (tradjenta) because it was not supplied in punch cards like all of R1's other medications; however, that medication was now supplied in a punch card and R1 no longer required medication setup services. CNS-B stated she would remove medication setup services from R2's service plan. The licensee's Service Plan policy dated February 6, 2026, indicated service plans are reviewed and revised as needed based upon on-going resident assessment. The service plan and revisions will be entered into the resident record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30651	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
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01750	Continued From page 14	01750			
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of two unlicensed personnel (ULP-D) completed insulin administration via a prefilled insulin pen according to manufacturer instructions observed during insulin administration. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 was admitted on April 20, 2023, with diagnoses that included diabetes.	01750			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30651	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
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01750	Continued From page 15 R1's service plan dated August 13, 2026, indicated R1 received services to include blood sugar checks and medication administration. R1's medication administration record (MAR) dated August 2026, included the following insulin order: -Humulin 70/30 Kwikpen; inject 32 units subcutaneously once daily On August 25, 2026, at 7:24 a.m., the surveyor observed ULP-D prepare R1's Humulin insulin pen. ULP-D removed the cap to the insulin pen, attached a new needle to the port. ULP-D did not cleanse the end of the port with an alcohol prep pad prior to attaching the needle. ULP-D primed and wasted two units of insulin and then dialed the prescribed 32 units. ULP-D then cleansed R1's abdomen with an alcohol prep pad, injected the insulin, then immediately removed the pen/needle from R1's abdomen once administered. On August 25, 2026, at 12:25 p.m., clinical nurse supervisor (CNS)-B stated the expectation with insulin pen administration would be to cleanse the port of the insulin pen prior to securing the needle, prime and waste two units of insulin prior to dialing the prescribed dose and to hold the insulin pen against the skin for five to 10 seconds prior to removing the needle from the skin. The Humulin 10/30 Kwikpen instructions for use dated June 2022, indicated: Step 1: Pull the pen cap straight off. Wipe the rubber seal with an alcohol swab. Step 2: Gently roll the pen between your hands ten times. Step 3: Move the pen up and down ten times. Step 4: Check the liquid in the pen. The liquid	01750			

Minnesota Department of Health

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01750	Continued From page 16 should look white and cloudy after mixing. Do not use it if it looks clear or has any lumps or particles in it. Step 5: Pull off the paper tab from the outer needle shield. Step 6: Push the capped needle straight onto the pen and twist the needle on until it is tight. Step 7: Pull off the outer needle shield. Do not through away. Pull off the inner needle shield and throw it away Step 8: Prim your pen, turn the dose knob to select two units. Step 9: Hold your pen with the needle pointing up. Tap the cartridge holder gently to collect air bubbles at the top. Step 10: Continue holding your pen with needle pointing up. Push the dose knob in until it stops, and "0" is seen in the dose window. Hold the dose knob in and count to five slowly. You should see insulin at the tip of the needle. Step 11: Turn the dose knob to select the number of units you need to inject. The dose indicator should line up with your dose. Step 12: Choose your injection site. Wipe your skin with an alcohol swab and let your skin dry before you inject your dose. Step 13: Insert the needle into your skin. Push the dose knob all the way in. Continue to hold the dose knob in and lowly count to five before removing the needle. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			



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

HASTINGS SENIOR HEALTH AND LIV
901 WEST 16TH STREET
Hastings, MN 55033
Dakota County
Parcel:

Phone:

License Info

License: HFID 30651

Risk:
License:
Expires on:
CFPM: Mark Wuotila
CFPM #: 46368; Exp: 05/31/2028

Inspection Info

Report Number: F1069261054
Inspection Type: Full - Joint
Date: 8/24/2026 Time: 2:00pm
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery: Emailed

! New Order: 3-500B Microbial Control: hot and cold holding

3-501.16A2 Priority Level: Priority 1 CFP#: 22

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: SEVERAL ITEMS (ONIONS, LETTUCE, ETC.) IN COOLER UNDER CABINET WERE > 41F. PIC DISCARDED ALL ITEMS IMMEDIATELY. ADVISED PIC NOT TO STORE FOOD IN COOLER UNTIL ISSUE IS CORRECTED. Comply with above order.

Comply By: 8/24/2026 Originally Issued On: 8/24/2026

New Order: 4-500 Equipment Maintenance and Operation

4-501.11AB Priority Level: Priority 3 CFP#: 47

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

COMMENT: COOLER UNDER COUNTER NOT MAINTAINING PROPER COOLING TEMPERATURE. ADVISED PIC NOT TO STORE ITEMS IN COOLER UNTIL THE COOLER COULD BE ADJUSTED TO MAINTAIN PROPER TEMP, AND CONTINUE TO MONITOR. Comply with above order.

Comply By: 8/24/2026 Originally Issued On: 8/24/2026

Food & Beverage General Comment

Inspection was conducted by Joyce Figueroa and Peggy Spadafore (FPLS) in conjunction with Health Regulations Division (HRD) representative, Anna Amy and Mark Wuotila, Food Manager. The following items were discussed:

- Employee Illness Policy and Log
- Sanitizer Use and Test Kits
- Cleaning/Sanitizing Food Contact Surfaces and Utensils
- High Temperature Sanitizing Dish Machine Temperature Verification
- Serving A Highly Susceptible Population (No Raw/Undercooked Animal Foods, No Unpasteurized Juice, Milk, Etc.)
- Vomit/Fecal Incident Clean Up Procedures
- Food Source
- Food Service Procedures

*REPORT WAS DISCUSSED WITH MARK WUOTILA AND ANNA AMY. FOOD IS PREPARED IN MAIN KITCHEN AND BROUGHT OVER FOR RESIDENTS.

*FLOORS ARE LINOLEUM WALLS ARE SMOOTH PAINTED DRYWALL WITH TILE BACKSPLASH, AND CEILING IS "POPCORN" TEXTURE. COUNTERTOPS ARE LAMINATE AND CABINETS ARE VARNISHED WOOD WITH HALLOW BASE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE. *KITCHEN HAS A 2-BASIN SINK. ONE BASIN IS DESIGNATED AS THE HAND-WASHING SINK. THIS BASIN MAY ONLY BE USED FOR HAND-WASHING PURPOSES. *KITCHEN HAS RESIDENTIAL GRADE EQUIPMENT. ALL FOOD MUST BE PREPARED AND SERVED SAME-DAY.

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

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

I acknowledge receipt of the Metro District Office inspection report number F1069261054 from 8/24/2026

Joyce J Figueroa

Anna Amy
PIC

Joyce J Figueroa, MPH, MIDP, CSM,
Public Health Sanitarian 2
651-201-4395
joyce.figueroa@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

HASTINGS SENIOR HEALTH AND LIV
Hastings
County/Group: Dakota County

Inspection Info

Report Number: F1069261054
Inspection Type: Full
Date: 8/24/2026
Time: 2:00pm

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

Location: Under Counter Cooler at 47 Degrees F.

Comment:

Violation Issued?: Yes

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

Location: Under Counter Cooler at 47 Degrees F.

Comment:

Violation Issued?: Yes

Equipment Temperature: **Product/Item/Unit:** Under Counter Cooler; **Temperature Process:** Ambient Air

Location: Under Counter Cooler at 44 Degrees F.

Comment:

Violation Issued?: Yes



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

HASTINGS SENIOR HEALTH AND LIV
Hastings
County/Group: Dakota County

Inspection Info

Report Number: F1069261054
Inspection Type: Full
Date: 8/24/2026
Time: 2:00pm

Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Dish Machine

Location: Kitchen **Greater Than** 100 PPM

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

Location: Mop Sink **Greater Than** 200 PPM

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL30651016	Date: 8/25/2026
Facility Name: Hastings Senior Health and Living	
Facility Address: 901 W 16 th St., Hastings, MN 55033	

☒ 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. Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or a minimum of 18 inches (457 mm) below sprinkler head deflectors in sprinklered areas of buildings. [Minn. Stat. 144G.45 subd. 2; MSFC 315.3.1]

Comments: Proper clearance was not maintained around several sprinkler heads in the facility. Sprinkler heads in the library room, resident room 201, and resident room 303 had items stored less than 18 inches below them. The storage below these heads may impede proper operation and flow from the head in an emergency.

3. Interior vertical shafts, including stairways, elevator hoistways, and service and utility shafts, that connect two of more stories of a building, shall be enclosed or protected. When openings are required to be protected, opening protectives shall be maintained self-closing. [Minn. Stat. 144G.45 subd. 2; MSFC 1103.4, 1103.4.1]

Comments: The trash chute door on the third-floor landing was not maintained in proper condition and was not self-closing when tested. The trash chute door should be repaired and maintained such that it is self-closing.

4. Occupancy separation shall be provided in Group I and Group R occupancies. Existing wood lath and plaster in good condition or ½ inch gypsum wallboard is acceptable where one hour occupancy separations are required. [Minn. Stat. 144G.45 subd. 2; MSFC 1105.2]

Comments: Several electrical closets near the laundry rooms on each floor had unprotected openings where conduit or cables were run through fire-rated construction. All penetrations should be properly covered and sealed by approved materials.

5. Fire doors shall be maintained to be self-closing and latch as designed. Fire doors shall not be blocked, obstructed, or otherwise made inoperable. [Minn. Stat. 144G.45 subd. 2; MSFC 705]

Comments:

The fire door leading to the sprinkler riser room was damaged and the self-closing hardware did not pull the door closed. The door to the riser room should close and latch on its own and hardware should be maintained in working order.

The door leading from the corridor to the gym was propped open with a door stop which prevented the door from closing during an emergency. Fire doors should be maintained self-closing or automatic closing to prevent the spread of smoke or fire during an emergency.

6. Exit signs shall be installed and maintained in accordance with the building code that was in effect at the time of construction. Egress shall not pass through kitchens, storage rooms, closets or spaces used for similar purposes. Decorations, furnishings, equipment or adjacent signage that impairs the visibility of exit signs, creates confusion or prevents identification of the exit shall not be allowed. Directional signage indicating the location of all other means of egress and which of those are accessible means of egress shall be provided. Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within exits shall be marked by readily visible exit signs to clearly indicate the direction of egress travel in cases where the exit or the path of egress travel is not immediately visible to the occupants. A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice. Means of egress shall remain free of any material or matter where its presence would obstruct or render the means of egress hazardous. No combustible material storage is allowed in the corridors or exit stairs. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.4, MSFC 1016.2, MSFC 1009.10, MSFC 1013.1MSFC 1031.3]

Comments: An illuminated exit sign was mounted in the basement staff room indicating an egress path through the adjoining room. The adjoining room was used for storage and housed a significant amount of combustibles. There was no discernable path of egress and no means of accessing an exit from the storage room. The path of egress from the staff room should not pass through an intervening space used for storage.

7. Fueled equipment including, but not limited to, motorcycles, mopeds, lawn-care equipment, portable generators and portable cooking equipment, shall not be stored, operated or repaired within a building. [Minn. Stat. 144G.45 subd. 2; MSFC 313.1]

Comments: Containers of chafing fuel canisters were located in the basement on top of a flammable cabinet, and a can of gasoline was located on the floor of a maintenance room in the basement. Gasoline, fuel and other combustibles should be stored in the approved flammable cabinet, and fueled equipment should be properly stored.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; 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]

Comments: The licensee provided multiple different and conflicting plans for employee actions during a fire or similar emergency as part of the FSEP. The plans provided to the surveyor were not site-specific and included references to fire safety equipment that was not present within the facility. Employee actions should be accurate, organized and specific to the facility.