Electronically Delivered

May 22, 2026

Licensee
Americare Lodges
20371 Wendigo Park Road Bldg 3
Grand Rapids, MN 55744

RE: Project Number(s) SL36294016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 28, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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

The correction order documentation should include the following:

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

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36294	A. BUILDING: _____ B. WING _____	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE LODGES	20371 WENDIGO PARK ROAD BLDG 3 GRAND RAPIDS, MN 55744

(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: SL36294016-0 On April 27, 2026, through April 28, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 20 residents; 20 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		

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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, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 28, 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 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. 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 require any resident to include and pay for meals as a part of their assisted living contract. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic	0 485		

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0 485	Continued From page 4 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on April 27, 2026, at 10:59 a.m., assisted living director in residency (ALDIR)-A stated the licensee was familiar with current minimum assisted living requirements. On April 27, 2026, at 11:04 a.m., clinical nurse supervisor (CNS)-B stated the licensee offered different meal options in the resident handbook for residents to choose from. On page seven of the licensee's Resident Contract dated May 2025, Section: Meal Services (licensee name) will provide three nutritionally well-balanced meals and two snacks per day. On page three of the licensee's Addendums to Contract dated May 2025, Section: Monthly Base Rate Includes: The services portion includes: Three (3) nutritionally balanced meals and snacks daily [sic]. Resident assisted living contracts with addendums lacked an option for residents to opt out of payment for one, two, or three meals residents would not want. On April 28, 2026, at 1:04 p.m., ALDIR-A stated three meals per day were part of the monthly base rent for residents, and the licensee did not have options for residents to opt out of meals. ALDIR-A further stated the licensee was not aware meals could not be included and charged for as part of the resident contract. The Minnesota Department of Health Assisted	0 485		

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0 485	Continued From page 5 Living Resources and Frequently Asked Questions (FAQs) website, last updated April 17, 2026, indicated the provider cannot have a blanket "one size fits all" meal charge. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 660 SS=E	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 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 observation, interview, and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH), including completion of a two-step TST	0 660		

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0 660	Continued From page 6 (tuberculin skin test) or other evidence of TB screening such as a blood test for two of three employees (clinical nurse supervisor (CNS)-B, unlicensed personnel (ULP)-C). 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: During the entrance conference on April 27, 2026, at 10:59 a.m., assisted living director in residency (ALDIR)-A stated the licensee was familiar with current minimum assisted living requirements. The licensee's Facility TB Risk Assessment Worksheet for Health Care Settings Licensed by MDH was completed on June 5, 2025, and the facility was determined to be a low risk level. CNS-B CNS-B was hired on December 18, 2023, to provide direct care services to residents and supervision of staff at the assisted living facility. Throughout the survey on April 27, 2026, through April 28, 2026, the surveyor observed CNS-B provide direct care services to residents and supervision of staff at the facility. CNS-B's employee record contained a negative Baseline TB Screening Tool for Healthcare	0 660		

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0 660	Continued From page 7 Workers (HCWs) dated November 16, 2022, and a negative two-step TST dated November 18, 2022, and December 7, 2022 (376 days prior to employment start date). CNS-B's employee record lacked documentation of a TB screening and a TB blood draw or two step TST within 90 days of employment start date. On April 28, 2026, at 1:15 p.m., CNS-B stated CNS-B had thought CNS-B's two-step was completed in the year 2023 since the nurse who administered the TSTs was not employed in 2022, however, CNS-B stated the documentation of the TB screen and two-step TST was dated for the year 2022. ULP-C ULP-C was hired on March 2, 2026, to provide direct care services to residents at the assisted living facility. On April 28, 2026, at 12:38 p.m., the surveyor observed ULP-C sitting at the dining room table assisting two residents with their meal. ULP-C's employee record contained a negative Baseline TB Screening Tool for HCWs dated February 20, 2026, and first step TST dated March 20, 2026. ULP-C's employee record included a second step TST administered on April 1, 2026, at 11:45 a.m., and was read on April 3, 2026, at 10:00 a.m. (48 hours had not passed after the TST was administered). On January 14, 2026, at 10:27 a.m., CNS-B stated TSTs were supposed to be read 48 to 72 hours after administration, however, ULP-C's second TST was not accurate as 48 hours had	0 660		

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0 660	Continued From page 8 not passed since the administration of the TST. The licensee's 8.16 TB Screening policy dated December 30, 2025, indicated staff whose essential job functions require work within the same air space of home care clients (residents) will be screened and test for TB prior to the staff being exposed to clients (residents). Screening will include an IGRA (interferon gamma release assay blood test) or a two-step Mantoux (TST) conducted with results documented on the Baseline TB Screening Tool for HCWs. The policy did not address in what time frame to read the TST after administration or within how many days the licensee would except a previous TST prior to the employee's hire date. The MDH TB Screening and Education Requirements for Assisted Living Facilities and Home Care Providers dated February 3, 2022, indicated baseline TB screening is required at the time of hire for all health care personnel in Minnesota. Baseline TB screening includes assessing for current symptoms of active TB disease; assessing TB history; and testing for the presence of infection with Mycobacterium TB by administering either a two-step TB skin test or a single TB blood test. The MDH Frequently Asked Questions (FAQs) website last updated April 17, 2026, indicated the licensee could accept a TST or IGRA within 90 days of employment start date. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		

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0 680	Continued From page 9	0 680		
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; (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 interview and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content defined in Appendix Z. This had the potential to affect residents, staff, and visitors. 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	0 680		

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0 680	Continued From page 10 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on April 27, 2026, at 10:59 a.m., assisted living director in residency (ALDIR)-A stated the licensee was familiar with current minimum assisted living requirements. The licensee's EPP dated January 15, 2026, lacked the following required content: - quarterly review of the missing resident plan; -EPP specific to licensee (EPP referred to the licensee's sister location in many instances); - exercises to test the EPP at least twice per year, including unannounced staff drills using the EPP to include: - participate in an annual full-scale exercise that is community based or conduct an annual, individual, facility-based functional exercise or if the facility experiences an actual emergency requiring activation of the plan, the facility is exempt from engaging in its next required full-scale exercise; - conduct an additional annual exercise that may include a second full-scale exercise that is community based or an individual, facility based functional exercise or mock disaster drill or table-top exercise; and - analyze the facility's response to and maintain documentation of all drills, tabletop exercises and emergency events and revise the plan as needed. On April 28, 2026, at 3:30 p.m., ALDIR-A stated	0 680		

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0 680	Continued From page 11 ALDIR-A was in the process of updating the licensee's EPP and trying to understand all the requirements of the EPP. ALDIR-A further stated ALDIR-A was not aware the missing resident plan needed to be reviewed quarterly and the requirement to conduct at least two exercises per year as noted above. The licensee's 2.28 Missing Resident policy dated November 20, 2024, indicated (licensee name) will review this policy and any individual resident plans that pertain to elopement at least quarterly, and all changes will be documented. The licensee's 9.01 EPP- Appendix Z Compliance policy dated December 30, 2025, indicated (licensee name) EPP will include all required elements of appendix Z. In addition, (licensee name) will conduct, at a minimum, two EPP drills every 12 months- these drills to not include required fire/evacuation drills [sic]. Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0110, Subp. 4, effective October 2022, the assisted living director and clinical nurse supervisor (CNS) must review the missing person plan at least quarterly and document any changes to the plan. Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0100, sections A and B, effective October 2022, assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. This part references documents, specifications, methods, and standards in "State Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types:	0 680		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE LODGES	20371 WENDIGO PARK ROAD BLDG 3 GRAND RAPIDS, MN 55744

(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
0 680	Continued From page 12 Interpretive Guidance," which is incorporated by reference. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the	0 900		

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0 900	Continued From page 13 facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to execute a written assisted living contract prior to providing assisted living services for one of two residents (R3). 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: During the entrance conference on April 27, 2026, at 10:59 a.m., assisted living director in residency (ALDIR)-A stated the licensee was familiar with current minimum assisted living requirements. R3 was admitted to the licensee and started receiving assisted living services on April 8, 2026. R3's diagnoses included weakness, adult failure to thrive, diabetes, dementia, and hemiplegia (form of paralysis). On April 28, 2026, at 7:04 a.m., the surveyor observed unlicensed personnel (ULP)-D complete a scheduled blood glucose check for R3. R3's record included a Resident Contract dated	0 900		

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0 900	Continued From page 14 December 15, 2025, however, the contract used was from the licensee's other owned facility at a different location. R3's Admission Assessment dated April 8, 2026, indicated R3 was admitted to the licensee from another facility owned by the licensee. R3's record included a Service Plan (Waiver)-Addendum to Contract dated December 22, 2025, however, was from another facility owned by the same corporation. R3's services included medication management, blood glucose monitoring, bathing, dressing, toileting, transferring, ambulation, bed mobility, safety checks, housekeeping, and laundry. R3's Service Recap Summary dated April 2026, indicated R3 was scheduled and received the following services noted above effective April 8, 2026. R3's Resident Notes dated April 8, 2026, indicated R3 was discharged from another facility owned by the same corporation in another city and admitted to the licensee. On April 28, 2026, at 2:31 p.m., clinical nurse supervisor (CNS)-B stated R3 transferred from their other assisted living facility located in [name of city] and should have had a new assisted living contract and service plan completed by the licensee upon admission. CNS-B stated a new contract was emailed to R3's representative on April 13, 2026, after R3 transferred to the licensee and initiated assisted living services. On April 28, 2026, at 2:52 p.m., CNS-B emailed (electronic mail) the surveyor correspondence with R3's representative, which included the	0 900		

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0 900	Continued From page 15 following communication: -April 13, 2026, at 7:46 p.m., the licensee emailed R3's representative and informed since R3 moved to the licensee (on April 8, 2026), updated paperwork would need to be completed to reflect R3's changes. Required documents were placed in R3's top dresser drawer to be completed next time R3's representative was the facility. Paperwork could also be emailed or mailed. -April 14, 2026, at 12:46 p.m., R3's representative emailed the licensee and requested R3's documents to be emailed. -April 15, 2026, at 4:39 p.m., the licensee emailed R3's representative R3's paperwork to be reviewed and signed. Documents sent in email included the following: -Release of Information; -Acknowledgement Form; -Fire Training Acknowledgement; -Information for You; -Resident Contract; -Resident Handbook; -Bill of Rights; and -UDALSA (Uniform Disclosure of Assisted Living Services). The licensee's Signing an Assisted Living Contract policy dated December 30, 2025, indicated when a prospective resident decides to move into (licensee name) a signed Assisted Living contract is signed and received by the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		

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01440	Continued From page 16	01440		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct supervision of staff performing delegated tasks was provided within 30 calendar days after the date on which the individual begins working for the licensee for one of two employees (unlicensed personnel (ULP)-C). 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	01440		

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01440	Continued From page 17 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: During the entrance conference on April 27, 2026, at 11:14 a.m., assisted living director in residency (ALDIR)-A stated the licensee was aware of the required contents of the employee record. ULP-C was hired on March 2, 2026, to provide direct care services to residents at the assisted living facility. R3's Med (medication) Admin (administration) Summary- Actual- Month dated April 2026, indicated ULP-C administered R3's scheduled morning medications on April 21, 2026. On April 28, 2026, at 12:38 p.m., the surveyor observed ULP-C sitting at the dining room table assisting two residents with their meal. ULP-C's employee record included a Staff Supervision Summary dated March 23, 2026, which indicated licensed practical nurse (LPN)-F completed a medication administration pass supervision for ULP-C. ULP-C's employee record lacked documentation of an appropriate licensed health professional or registered nurse (RN) supervising ULP-C performing a delegated task within 30 days of beginning work with the licensee. On April 28, 2026, at 1:33 p.m., clinical nurse	01440		

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01440	Continued From page 18 supervisor (CNS)-B stated the licensee was aware of the 30-day supervision requirement for ULPs on delegated services. CNS-B further stated CNS-B had interpreted the regulation incorrectly and had thought an LPN was considered an appropriate licensed health professional. CNS-B stated the licensee's RNs were the only staff that delegated medication administration or treatments to ULPs. The licensee's 6.17 Supervision of Staff-Delegated Services policy dated December 30, 2025, indicated direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the (licensee name). An RN or appropriate licensed health professional will complete the supervision, and it is the responsibility of the RN staff to ensure the supervision is done within the correct time frames. Per Assisted: 144G.08 Definitions, Subp. 29. "Licensed Health professional" means a person, other than a RN or LPN, who provides assisted living services within the scope of practice of that person's health occupation license, registration, or certification as a regulated person who is licensed by an appropriate Minnesota state board or agency. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01530 SS=E	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De-	01530		

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01530	Continued From page 19 (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;	01530		

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01530	Continued From page 20 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of three employees (clinical nurse supervisor (CNS)-B, unlicensed personnel (ULP)-E) received the required amount of mental illness and de-escalation training within the required time frame. 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: The licensee held an assisted living license effective December 1, 2025. During the entrance conference on April 27, 2026, at 11:14 a.m., assisted living director in residency (ALDIR)-A stated the licensee was aware of the required contents of the employee record. CNS-B CNS-B was hired on December 18, 2023, to provide direct care services to residents and supervision of staff at the assisted living facility. Throughout the survey on April 27, 2026, through April 28, 2026, the surveyor observed CNS-B	01530		

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01530	Continued From page 21 provide direct care services to residents and supervision of staff at the facility. CNS-B's Staff Training Transcript dated January 1, 2024, to April 27, 2026, included all trainings CNS-B had completed for the licensee, however, the transcript lacked two hours of mental illness and de-escalation. ULP-E ULP-E was hired on September 4, 2019, and effective August 1, 2021, began to provide direct care services to residents at the assisted living facility. On April 28, 2026, at 5:50 a.m., the surveyor observed ULP-E complete safety checks for residents. ULP-E's Staff Training Transcript dated January 1, 2022, to April 28, 2026, included all trainings ULP-E had completed for the licensee, however, the transcript lacked two hours of mental illness and de-escalation. On April 28, 2026, at 1:19 p.m., ALDIR-A stated all staff were assigned to complete two hours of mental illness and de-escalation training prior to July 1, 2025, however, CNS-B and ULP-E's assigned trainings were not completed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to	01640		

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01640	Continued From page 22 (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 the service plan included a resident or resident representative's signature and a licensee signature or other authentication by the licensee to document agreement on the services to be provided for one of two residents (R3). 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	01640		

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01640	Continued From page 23 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on April 27, 2026, at 10:59 a.m., assisted living director in residency (ALDIR)-A stated the licensee was familiar with current minimum assisted living requirements. R3 was admitted to the licensee and started receiving assisted living services on April 8, 2026. R3's diagnoses included weakness, adult failure to thrive, diabetes type 2, dementia, and hemiplegia (form of paralysis). On April 28, 2026, at 7:04 a.m., the surveyor observed unlicensed personnel (ULP)-D complete a scheduled blood glucose check for R3. R3's Service Plan (Waiver)-Addendum to Contract dated April 28, 2026, indicated R3 received the following services: medication management, blood glucose monitoring, bathing, dressing, toileting, transferring, ambulation, bed mobility, safety checks, housekeeping and laundry. R3's service plan did not include a resident or resident representative signature and a licensee signature or other authentication by the licensee to document agreement on the services to be provided. R3's Service Recap Summary dated April 2026, indicated R3 was scheduled and received the following services noted above effective April 8, 2026. On April 28, 2026, at 2:31 p.m., clinical nurse	01640		

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01640	Continued From page 24 supervisor (CNS)-B stated R3 transferred from another assisted living location in [name of city] owned by the same corporation on April 8, 2026. CNS-B stated a new service plan was emailed (electronic mail) to R3's representative on April 13, 2026, and the licensee had not received a signed service plan and had no documentation of further attempts to obtain a signature for R3's service plan. The licensee's Service Plan policy dated December 30, 2025, indicated all residents receiving services would have a service plan in place. Within 14 days after the date the services are first provided to a resident, the licensee will finalize a service plan. The service plan and any revision shall include a signature or other authentication by the licensee and by the resident, or resident's representative, documenting agreement on the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not	01760		

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01760	Continued From page 25 completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered per prescriber orders for one of seven residents (R4) observed during medication 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: During the entrance conference on April 27, 2026, at 11:03 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility. R4's diagnoses included hypothyroidism (underactive thyroid). R4's Service Plan (Waiver)- Addendum to Contract dated March 24, 2026, indicated R4's services included medication administration six times per day. R4's prescriber orders dated March 24, 2026,	01760		

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	36294	A. BUILDING: _____ B. WING _____	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE LODGES	20371 WENDIGO PARK ROAD BLDG 3 GRAND RAPIDS, MN 55744

(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
01760	Continued From page 26 included an order for levothyroxine sodium (for thyroid) 25 micrograms (mcg) - take one tablet by mouth daily. R4's Med (medication) Admin (administration) Summary dated April 2026, indicated R4 received levothyroxine 25 mcg tablet by mouth before breakfast every morning scheduled at 7:00 a.m. On April 28, 2026, at 7:14 a.m., the surveyor observed unlicensed personnel (ULP)-D administer scheduled morning medication for R4. The surveyor observed ULP-D administer R4's levothyroxine 25 mcg at the dining room table where R4 was finishing up R4's breakfast. The surveyor did not observe ULP-D administer R4's levothyroxine 25 mcg prior to R4 eating breakfast. ULP-D stated R4 took several medications throughout the day and ULPs administered the medications within one hour before or after the scheduled medication administration time. On April 28, 2026, at 1:09 p.m., CNS-B stated R4's levothyroxine was supposed to be administered prior to R4 receiving breakfast and ULPs were supposed to follow the instructions listed on R4's electronic medication administration record (EMAR). CNS-B further stated it was "best practice" to administer levothyroxine on an empty stomach and not administered with any other medications. The manufacturer instructions for levothyroxine dated August 2022, indicated to administer levothyroxine on an empty stomach, one-half to one hour before breakfast. The licensee's 7.15 Medication and Treatment-Administration and Delegation policy dated December 30, 2025, indicated an RN (registered	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36294	A. BUILDING: _____ B. WING _____	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE LODGES	20371 WENDIGO PARK ROAD BLDG 3 GRAND RAPIDS, MN 55744

(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
01760	Continued From page 27 nurse) must specify, in writing, specific instructions for each resident and document those instructions in the residents' [sic] record. In addition, the ULP must demonstrate their ability to competently follow the delegated medication administration to a RN. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
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 ensure two of two refrigerators (House 4, House 3) storing medications maintained an acceptable temperature and medications were stored according to manufacturer's recommended temperature. 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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36294	A. BUILDING: _____ B. WING _____	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE LODGES	20371 WENDIGO PARK ROAD BLDG 3 GRAND RAPIDS, MN 55744

(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
01880	Continued From page 28 The findings include: During the entrance conference on April 27, 2026, at 11:03 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility. House 4 On April 28, 2026, at 6:43 a.m., the surveyor observed the medication refrigerator, located in the locked medication room, with unlicensed personnel (ULP)-D. ULP-D stated the current temperature of the medication refrigerator was 37 degrees Fahrenheit (F), and the night shift ULPs documented the medication refrigerator temperature. The medication refrigerator contained the following: -five unopened Lantus 100 units/milliliter (mL) insulin pens for R6; and -two unopened Lantus 100 units/mL insulin pens for R3. House 3 On April 28, 2026, at 12:50 p.m., the surveyor observed the medication refrigerator, located in the locked medication room, ULP-G. ULP-G stated the current temperature of the medication refrigerator was 45 degrees F, and the night shift ULPs checked the medication refrigerator temperature. The medication refrigerator contained the following: -four unopened Lantus 100 units/mL insulin pens for R7; and -four unopened Novolog 100 units/mL insulin pens for R7. The licensee's Chore Recap by Chore Type dated April 1, 2026, to April 29, 2026, indicated fridge (refrigerator) temperatures should be 41 degrees	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36294	A. BUILDING: _____ B. WING _____	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE LODGES	20371 WENDIGO PARK ROAD BLDG 3 GRAND RAPIDS, MN 55744

(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
01880	Continued From page 29 F or below and indicated the following: -April 1, 2026: house 4 medication refrigerator temperature was not documented; -April 2, 2026: house 4 medication refrigerator temperature was 32 degrees F; -April 3, 2026: house 4 medication refrigerator temperature was 32 degrees F; -April 5, 2026: house 3 medication refrigerator temperature was 34.5 degrees F; -April 6, 2026: house 4 medication refrigerator temperature was 33 degrees F, and house 3 medication refrigerator temperature was 35 degrees F; -April 6, 2026: house 4 medication refrigerator temperature was 33 degrees F, and house 3 medication refrigerator temperature was 34 degrees F; -April 5, 2026: house 3 medication refrigerator temperature was 35 degrees F; -April 9, 2026: house 4 medication refrigerator temperature was 32 degrees F; and house 3 medication refrigerator temperature was not documented; -April 10, 2026: house 4 medication refrigerator temperature was 32 degrees F, and house 3 medication refrigerator temperature was 34 degrees F; -April 12, 2026: house 4 medication refrigerator temperature was 32 degrees F; -April 13, 2026: house 4 medication refrigerator temperature was 32 degrees F; and house 3 medication refrigerator temperature was not documented; -April 14, 2026: house 3 medication refrigerator temperature was 78 degrees F; -April 15, 2026: house 4 medication refrigerator temperature was 32 degrees F; -April 16, 2026: house 4 medication refrigerator temperature was 32 degrees F; -April 17, 2026: house 4 medication refrigerator	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36294	A. BUILDING: _____ B. WING _____	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE LODGES	20371 WENDIGO PARK ROAD BLDG 3 GRAND RAPIDS, MN 55744

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01880	Continued From page 30 temperature was 32 degrees F; -April 18, 2026: house 4 medication refrigerator temperature was 32 degrees F; -April 19, 2026: house 4 medication refrigerator temperature was 35 degrees F; -April 23, 2026: house 4 medication refrigerator temperature was 32 degrees F; -April 24, 2026: house 4 medication refrigerator temperature was 32 degrees F; -April 25, 2026: house 4 medication refrigerator temperature was 32 degrees F; -April 26, 2026: house 4 medication refrigerator temperature was 32 degrees F; -April 27, 2026: house 4 medication refrigerator temperature was 32 degrees F; and -April 28, 2026: house 4 medication refrigerator temperature was 32 degrees F. On April 28, 2026, at 1:21 p.m., CNS-B stated medication refrigerator temperatures were supposed to be at or below 41 degrees F and the night staff checked the medication refrigerator temperatures. CNS-B further stated CNS-B was not sure what temperature unopened Lantus or Novolog insulin pens should be stored at without checking the manufacturer instructions. CNS-B stated the medication refrigerators in house 3 and house 4 were outside the parameters of 36 degrees F and 46 degrees F for several days. The manufacturer's instructions for Lantus dated May 2019, indicated to store unopened Lantus in the refrigerator at 36 degrees F to 46 degrees F. Do not allow Lantus to freeze. The manufacturer's instructions for Novolog dated February 2015, indicated to store unopened Novolog in the refrigerator at 36 degrees F to 46 degrees F. Do not allow Novolog to freeze.	01880		

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	36294	A. BUILDING: _____ B. WING _____	04/28/2026

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AMERICARE LODGES	20371 WENDIGO PARK ROAD BLDG 3 GRAND RAPIDS, MN 55744

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01880	Continued From page 31 The licensee's 7.11 Medication Storage policy dated December 30, 2025, indicated medications will be stored consistent with manufacturer's recommendations (refrigerated, room temperature, or frozen). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the steps of the medication administration process was followed for one of three employees (unlicensed personnel (ULP)-D) observed administering medications. 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	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02320	Continued From page 32 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on April 27, 2026, at 11:03 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility. R6's diagnoses included paranoid schizophrenia, hypertension (HTN- high blood pressure), and shortness of breath. R6's Service Plan dated December 19, 2025, indicated R6's services included medication administration three times per day. R6's prescriber orders dated March 24, 2026, included an order for Fluticasone Salmeterol (Advair Diskus) (for shortness of breath) 250-50 micrograms (mcg) inhale one puff twice daily. R6's Med (medication) Admin (administration) Summary- Month dated April 2026, indicated R6 was administered Advair Diskus 250-50 mcg one puff into lung by mouth two times daily. Remind resident to rinse mouth and spit after each use. On April 28, 2026, at 8:14 a.m., the surveyor observed ULP-D provided scheduled morning medication administration for R6. ULP-D compared R6's Advair Diskus to R6's electronic medication administration record (EMAR), which included instructions to rinse mouth and spit after each use of the Advair Diskus. ULP-D handed R6 the Advair Diskus, R6 inhaled one puff from the Advair Diskus, R6 handed the Advair Diskus back to ULP-D, and ULP-D returned to the medication room to document the administration of	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36294	A. BUILDING: _____ B. WING _____	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE LODGES	20371 WENDIGO PARK ROAD BLDG 3 GRAND RAPIDS, MN 55744

(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
02320	Continued From page 33 medications. The surveyor did not observe ULP-D offer R6 water to rinse and spit after inhalation of the Advair Diskus. ULP-D stated R6 never wanted to rinse R6's mouth after the use of the Advair Diskus. On April 28, 2026, at 1:07 p.m., CNS-B stated ULPs were instructed to follow the directions listed on R6's EMAR. CNS-B further stated ULPs were supposed to offer R6 water to rinse and spit after each use of the Advair Diskus. The manufacturer's instructions for Advair Diskus dated August 2020, indicated to rinse mouth with water after you have used the Advair Diskus and spit the water out. Do not swallow the water. The licensee's 7.15 Medication and Treatment-Administration and Delegation policy dated December 30, 2025, indicated an RN (registered nurse) must specify, in writing, specific instructions for each resident and document those instructions in the residents' [sic] record. In addition, the ULP must demonstrate their ability to competently follow the delegated medication administration to a RN. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

Bemidji District Office
Minnesota Department of Health
710 5th St NW, Suite A
Bemidji, MN 56601
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Americare Lodges
20371 WENDIGO PARK ROAD
BLDG 3
Grand Rapids, MN 55744
Itasca County
Parcel:

Phone:

License Info

License: HFID 36294

Risk:
License:
Expires on:
CFPM: TAYLOR SERVERSON
CFPM #: CFPM63489; Exp: 12-14
-2028

Inspection Info

Report Number: F7939261111
Inspection Type: Full - Single
Date: 4/28/2026 Time: 11:30AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

! **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: ALL COOKING AND SERVING UTENSILS MUST BE WASHED IN THE DISHWASHER. IN THE EVENT COOKING EQUIPMENT DOES NOT FIT IN THE DISHWASHER, A THREE COMPARTMENT SINK OR LARGER ANSI APPROVED DISHWASHER MUST BE INSTALLED IN EACH UNIT.
Comply By: 4/28/2026 Originally Issued On: 4/28/2026

Food & Beverage General Comment

DISCUSSION
COOKS WERE ADDING BLEACH TO THE SOAPY WATER AND THEN RINSING THE DISHES. THIS PROCESS IS NOT ALLOWED. ALL COOKING AND SERVING UTENSILS MUST BE RUN THROUGH THE DISHWASHING MACHINE IN EACH UNIT.

ALL COOLER UNITS TEMPERATURES MUST BE MONITORED, ALL WERE RUNNING AT 41F WHICH IS THE MAXIMUM COLD HOLDING TEMPERATURE.

ALCOHOL PADS ARE APPROVED FOR USE ON SANITIZING TEMPERATURE PROBES BETWEEN USES.

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 Bemidji District Office inspection report number F7939261111 from 4/28/2026

TAYLOR SEVERSON
MANAGER

Ryan Trenberth,
Public Health Sanitarian 3
218-308-2133
ryan.trenberth@state.mn.us

Bemidji District Office
Minnesota Department of Health
710 5th St NW, Suite A
Bemidji, MN 56601

Temperature Observations/Recordings

Establishment Info

Americare Lodges
Grand Rapids
County/Group: Itasca County

Inspection Info

Report Number: F7939261111
Inspection Type: Full
Date: 4/28/2026
Time: 11:30AM

Food Temperature: Product/Item/Unit: Butter**; Temperature Process:** Cold-Holding
Location: Cooler unit 1 at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Butter**; Temperature Process:** Cold-Holding
Location: Cooler unit 3 at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Pasta Salad**; Temperature Process:** Cold-Holding
Location: Cooler unit 4 at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Burger**; Temperature Process:** Cooking
Location: Stove unit 3 at 170 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Burger**; Temperature Process:** Cooking
Location: Stove unit 4 at 177 Degrees F.
Comment:
Violation Issued?: No

Bemidji District Office
Minnesota Department of Health
710 5th St NW, Suite A
Bemidji, MN 56601

Sanitizer Observations/Recordings

Establishment Info

Americare Lodges
Grand Rapids
County/Group: Itasca County

Inspection Info

Report Number: F7939261111
Inspection Type: Full
Date: 4/28/2026
Time: 11:30AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machines
Location: Kitchen **Greater Than** 160 Degrees F.
Comment: All units had been tested by the establishment in April results are kept in each kitchen and met the required temperatures.
Violation Issued?: No