Electronically Delivered

November 19, 2025

Licensee
Vision2020 Group Homes LLC
1805 15th Avenue South
Minneapolis, MN 55404

RE: Project Number(s) SL37183016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 5, 2025, 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 - 0780 - 144g.45 Subd. 2 (a) (1) - 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 $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

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

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. 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,

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37183	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION2020 GROUP HOMES LLC	1805 15TH AVENUE SOUTH MINNEAPOLIS, MN 55404

(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: SL37183016-0 On November 3, 2025, through November 5, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were four (4) residents all who received 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,	0 480		

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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 October 3, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24	0 480		

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0 480	Continued From page 3 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included TB training for two of two employees (unlicensed personnel (ULP)-B, ULP/owner (ULP/O)-D). 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	0 660		

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0 660	Continued From page 4 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: The facility TB risk assessment form dated June 2, 2025, indicated the facility was at a low risk for TB transmission. ULP-B ULP-B started employment with the licensee on January 30, 2025, to provide assisted living services. ULP-B's record included an undated TB history and symptom screen and a positive QuantiFERON blood test with an accompanying completed treatment for active pulmonary tuberculosis letter dated June 3, 2024. ULP/O-D ULP/O-D started employment with the licensee on August 5, 2021, to provide assisted living services. ULP/O-D's record included a TB history and symptom screen and a negative QuantiFERON TB gold test both dated September 2, 2021. ULP-B and ULP/O-D's record lacked a TB training at hire and annually based on facility risk assessment. On November 4, 2025, at 2:45 p.m., licensed assisted living director (LALD)-C stated they had	0 660		

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0 660	Continued From page 5 not noted their staff were missing TB training. Also, LALD-C stated none of their staff would have the TB training. The licensee's undated Tuberculosis Screening policy indicated the [licensee] will maintain a current community TB risk assessment, and the assessment will be updated annually using the data and form provided by the Minnesota Department of Health. The policy also indicated staff will be educated regarding TB at time of hire. The Minnesota Department of Health's (MDH) Assisted Living: Resources and Frequently Asked Questions (FAQs) last updated October 13, 2025, indicated Baseline TB screening included: - assessing for current symptoms of active TB disease; - assessing TB history; and - testing for the presence of Mycobacterium tuberculosis by administering either a two-step tuberculin skin test (TST) or single TB blood test. It also indicated all Minnesota health care personnel should receive TB education annually, regardless of facility risk level classification. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 775 SS=D	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:	0 775		

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0 775	Continued From page 6 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all 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 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 facility tour on November 5, 2025, from 9:33 a.m. through 10:05 a.m. with unlicensed personnel/owner (ULP/O)-D, the surveyor observed a wire harness in the ceiling of the lowest floor. ULP/O-D stated that was a smoke alarm but it was removed when the new wireless smoke alarms were installed. Hard-wired smoke alarms are required to be maintained as designed and must be interconnected with all other smoke alarms within the facility. Smoke alarms must be replaced with alarms having the same type of power supply. ULP/O-D verified the above findings while accompanying on the tour and stated they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		

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0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that are interconnected so that the actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents.	0 780		

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0 780	Continued From page 8 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: During facility tour on November 5, 2025, from 9:33 a.m. through 10:05 a.m. with unlicensed personnel/owner (ULP/O)-D, the surveyor observed smoke alarms inside all bedrooms and outside in the immediate vicinity of all bedrooms. ULP/O-D tested the smoke alarm by resident room three, resident room two, in the kitchen and by resident room one. All alarms functioned when tested individually but they failed to be interconnected so that actuation of any one alarm will activate all alarms. During the tour ULP/O-D made a phone call to the contractor who installed the smoke alarms. While on the phone the contractor stated that the common area alarms were interconnected but they did not know the resident room alarms needed to be connected also. The contractor stated they would program the alarms so they would all be interconnected. All dwelling units required to have multiple smoke alarms are required to have interconnected alarms so activation of one alarm activates all alarms within the dwelling unit. ULP/O-D verified the above findings while accompanying on the tour and stated they	0 780		

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0 780	Continued From page 9 understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (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.	0 810		

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0 810	Continued From page 10 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content, failed to provide the required training, and failed to conduct evacuation drills. This had the potential to directly affect all 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 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: On November 5, 2025, at 10:08 a.m., unlicensed personnel/owner (ULP/O)-D provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN The fire safety and evacuation plan included an Emergency Evacuation Report, dated 10/10/24 that included evacuation assistance needed for each resident. The document only listed three of the four current residents. The document also listed the resident unit number but ULP/O-D	0 810		

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0 810	Continued From page 11 stated the unit numbers on the report were not accurate to the residents current unit. ULP/O-D stated the report was not current and needs to be updated. TRAINING Record review indicated the licensee failed to provide evacuation training based on the fire safety and evacuation plan to employees, at hire and twice per year as evident by not providing documentation of training offered or training scheduled for a future date. Record review indicated the licensee failed to provide evacuation training to residents at least once per year as evident by not providing documentation of training offered or training scheduled for a future date. ULP/O-D called licensed assisted living director (LALD)-C on the phone at 10:19 a.m. LALD-C stated that residents were trained once per year, and they would check "R-Task" for resident and employee training documentation and email it to the surveyor. ULP/O-D ended the phone call at 10:24 a.m. No further information was provided. DRILLS The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. ULP/O-D provided a document titled Assisted Living Fire Drill Planning Matrix, 2025. The document listed monthly planned drills, but the facility could only provide one Fire Drill Report,	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37183	A. BUILDING: _____ B. WING _____	11/05/2025

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0 810	Continued From page 12 dated 9/15/2024. During interview on November 5, 2025, at 10:51 a.m., ULP/O-D stated they understood the areas of the plan that needed to be updated. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property for all the licensee's current and future 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 failure that has affected or has the potential to affect a large portion or all the client residents). The findings include:	0 970		

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0 970	Continued From page 13 On October 20, 2025, at 11:49 a.m., licensed assisted living director (LALD)-C provided the surveyor with a blank contract and stated the same was used for all the licensee's residents. The licensee's Assisted Living Contract included waivers in the following section: - Indemnification: Resident will indemnify and hold harmless Landlord, its employees, and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident of the rented premises or any other part of Landlord's property, or caused wholly or in part by an act or omission of Resident or Resident's guests or agents. On November 4, 2025, at 2:50 p.m., LALD-C stated they were not aware their contract contained a waiver of liability for their residents. LALD-C also stated they had revised their contract after they were cited for the waiver in their first assisted living survey. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01330 SS=F	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a)	01330		

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01330	Continued From page 14 and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for two of two employees (unlicensed personnel (ULP)-B, ULP/owner (ULP/O)-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 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP-B ULP-B started employment with the licensee on January 30, 2025, to provide assisted living services.	01330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01330	Continued From page 15 ULP-B's record lacked documentation of training and competency evaluations in the following areas: Training - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; Competencies - standby assistance techniques and how to perform them; - reading and recording temperature, pulse, and respirations of the resident; - safe transfer techniques and ambulation; and - range of motioning and positioning. ULP/O-D ULP/O-D started employment with the licensee on August 5, 2021, to provide assisted living services. On November 4, 2025, at 9:40 a.m., the surveyor observed ULP/O-D administer medications to R2. ULP/O-D record lacked documentation of training and competency evaluations in the following areas: Training - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; Competencies - standby assistance techniques and how to perform them. On November 4, 2025, at 2:45 p.m., licensed	01330		

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01330	Continued From page 16 assisted living director (LALD)-C stated all the employees were assigned training topics and competencies at orientation. When the surveyor inquired what the procedure was to ensure employees completed their training and competencies, LALD-C stated they did not have a system in place to track training except at orientation all topics are assigned and the licensee expected them to be completed. The licensee's undated Staff Training Policy dated indicated staff training, knowledge, and skills are essential to providing excellent care to our residents. The policy also indicated all the missing content above would be included in the training. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01330		
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	01440		

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01440	Continued From page 17 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 a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services for one of two employees (unlicensed personnel/owner (ULP/O)-D). 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: ULP/O-D started employment with the licensee on August 5, 2021, to provide assisted living services. On November 4, 2025, at 9:40 a.m., the surveyor observed ULP/O-D administer medications to R2.	01440		

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01440	Continued From page 18 ULP/O-D stated they were trained by clinical nurse supervisor (CNS)-A. ULP/O-D also stated occasionally CNS-A monitored them when administering medications to the residents. ULP/O-D's employee record lacked evidence of a direct supervision by CNS-A while ULP/O-D performed delegated tasks within 30 calendar days after the date on which ULP/O-D first performed the delegated tasks for residents. On November 4, 2025, at 2:50 p.m., CNS-A stated they had observed ULPs while performing delegated tasks, but they had forgotten to document. CNS-A also stated they maintained documentation for all employee supervisions. The licensee's undated Supervision of Unlicensed Personnel policy indicated direct supervision of staff providing delegated tasks. Direct supervision of unlicensed staff providing delegated nursing tasks, delegated treatments or assigned therapy tasks must be performed within 30 days after the person begins work for our facility and has been trained and determined competent to perform all the tasks assigned. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the	01500		

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01500	Continued From page 19 provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and	01500		

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01500	Continued From page 20 challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees completed at least eight hours of annual training for each 12 months of employment including the required topics, for one of two employees (unlicensed personnel/owner (ULP/O)-D). 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: ULP/O-D started employment with the licensee on August 5, 2021, to provide assisted living services. ULP/O-D's record lacked evidence ULP/O-D had completed the following annual training topics:	01500		

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01500	Continued From page 21 - reporting maltreatment of vulnerable adults or minors; - Assisted Living Bill of Rights; - infection control techniques; - effective approaches to use to problems solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; - principles of person-centered planning/service delivery; and - review of provider's policies and procedures. On November 4, 2025, at 3:00 p.m., licensed assisted living director (LALD)-C stated ULP/O-D was out for vacation for four months and had just come back. LALD-C also stated all employees were assigned their annual training while ULP/O-D was on vacation. The licensee's undated Annual Required Staff Training policy indicated all staff that perform direct care services at [licensee] will complete at least eight (8) hours of annual training for each 12 months of employment. The policy also included all missing topic(s) above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
01530 SS=F	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (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	01530		

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	37183	A. BUILDING: _____ B. WING _____	11/05/2025

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01530	Continued From page 22 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; This MN Requirement is not met as evidenced	01530		

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01530	Continued From page 23 by: Based on interview and record review, the licensee failed to ensure all staff received at least eight hours of initial training on dementia topics and two hours of mental illness and de-escalation training specified under paragraph (b), clauses (1) to (8) within 160 working hours of the employment start date as required for two of two employees (unlicensed personnel (ULP)-B, ULP/owner (ULP/O)-D). 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: ULP-B ULP-B started employment with the licensee on January 30, 2025, to provide assisted living services. ULP-B's checked and graded with a pass dementia knowledge assessments dated February 13, 2025, indicated ULP-B had completed the following dementia training topics: - an explanation of Alzheimer's and other dementia's; - assisting residents with Alzheimer's and dementia with activities of daily living; - problem solving challenging behaviors: Alzheimer's disease and related disorders; - communication skills; and	01530		

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01530	Continued From page 24 - person-centered planning and service delivery: Alzheimer's disease and related dementias. ULP/O-D ULP/O-D started employment with the licensee on August 5, 2021, to provide assisted living services. ULP/O-D's checked and graded with a pass dementia knowledge assessments dated September 9, 2024, indicated ULP/O-D had completed the following dementia training topics: - an explanation of Alzheimer's and other dementia's; - assisting residents with Alzheimer's and dementia with activities of daily living; - problem solving challenging behaviors: Alzheimer's disease and related disorders; - communication skills; and - person-centered planning and service delivery: Alzheimer's disease and related dementias. ULP-B and ULP/O-D's record lacked required two hours of mental illness and de-escalation training to include: - de-escalation techniques and communication; and - crisis resolution and suicide prevention, including procedures for contacting county crisis response teams and 988 suicide and crisis lifelines. ULP-B and ULP/O-D's dementia knowledge assessments also lacked the amount of time spent on each area of training for a total of 8 hours of initial dementia training. On November 4, 2025, at 3:40 p.m., licensed assisted living director (LALD)-C stated all employees completed the required eight hours of	01530		

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01530	Continued From page 25 initial dementia training, however, they had graded each training area separately as they thought all covered topics together added up to the eight hours. LALD-C stated they had given the employees a blanket eight hours of dementia training. LALD-C also stated the licensee had trained their staff on mental illness during in-service class however, there was no documented evidence the training had been done. The licensee's undated Dementia Training policy indicated all staff of [licensee] are required to complete dementia training at the time of hire and annually thereafter. The policy also indicated employees will complete eight (8) hours of initial training within 160 hours of the employment start date. The policy lacked verbiage to include mental illness training. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37183	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION2020 GROUP HOMES LLC	1805 15TH AVENUE SOUTH MINNEAPOLIS, MN 55404

(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
01650	Continued From page 26 (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. 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 the required content for two of two residents (R2, 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 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: R2 R2 was admitted to the licensee on July 1, 2025,	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37183	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION2020 GROUP HOMES LLC	1805 15TH AVENUE SOUTH MINNEAPOLIS, MN 55404

(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
01650	Continued From page 27 for assisted living services. R2's signed Service Plan - Addendum to Contract dated July 1, 2025, indicated R2 received assistance with dressing, housekeeping, laundry, medication administration, meal reminders, and behavior management. R3 R3 was admitted to the licensee on April 15, 2024, for assisted living services. R3's signed Service Plan - Addendum to Contract dated August 4, 2024, indicated R3 received assistance with dressing, housekeeping, laundry, medication administration, meal reminders, garbage removal, and behavior management. R2 and R3's service plan lacked the following content: - the fees for services. On November 4, 2025, at 2:45 p.m., licensed assisted living director (LALD)-C stated they were not aware the service plan was missing required content. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37183	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION2020 GROUP HOMES LLC	1805 15TH AVENUE SOUTH MINNEAPOLIS, MN 55404

(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
01820	Continued From page 28 medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a written or electronically recorded prescription was maintained for all medications that the assisted living facility managed for the 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: R3 was admitted to the licensee on April 15, 2024, for assisted living services. R3's diagnoses included degenerative joint disease, major depressive disorder, hypertension, and type 2 diabetes mellitus without complication. R3's signed Service Plan - Addendum to Contract dated August 4, 2024, indicated R3 received assistance with medication administration, meal reminders, garbage removal, and behavior management. R3's medication administration record dated	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37183	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION2020 GROUP HOMES LLC	1805 15TH AVENUE SOUTH MINNEAPOLIS, MN 55404

(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
01820	Continued From page 29 October 2025, indicated R3 received the following medications: atorvastatin 40 milligram (mg) take one tablet by mouth daily, cholecalciferol 1000 unit tablets take two tablets by mouth daily, Lisinopril 40 mg take one tablet by mouth daily, meloxicam 15 mg tablet take one tablet by mouth daily, metformin 500 mg tablet take one tablet by mouth daily, tamsulosin 0.4 mg capsule take one capsule by mouth daily after meal, and acetaminophen 500 mg tablet take 2 tablets by mouth every 6 hours as needed for moderate pain (maximum 3000 mg per day). R3's record lacked a current written or electronically recorded prescription for all medications the assisted living facility managed. On November 5, 2025, at 11:55 a.m., licensed assisted living director (LALD)-C stated they had sent a medication list through fax to the clinic for signature, but they had not received them back. When the surveyor requested for the fax record, LALD-C stated they did not keep record of the faxes they sent. The licensee's undated Medication Orders policy indicated the licensee will administer medications as prescribed by the authorized prescriber and in accordance with all the rights defined in the Assisted living Bill of Rights and in the Health Insurance Portability and Accountability Act. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		

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

Food & Beverage Inspection Report

Establishment Info

VISION2020 GROUP HOMES LLC
1805 15TH AVENUE SOUTH
Minneapolis, MN 55404
Hennepin County
Parcel:

Phone:

License Info

License: HFID 37183

Risk:
License:
Expires on:
CFPM: Meaza Getachew Eshete
CFPM #: 54387; Exp: 12/06/2027

Inspection Info

Report Number: F1021251217
Inspection Type: Follow-up - Single
Date: 11/18/2025 Time: 11:19:15 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

Today's follow-up was to address and clear previously written orders from a full inspection conducted on 11/03/25. 11 out of 11 orders were cleared from the report.

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 F1021251217 from 11/18/2025

Fuad Ahmed
Assisted Living Director

Melissa Ramos

Melissa Ramos,
Public Health Sanitarian 3
651-201-4495
melissa.ramos@state.mn.us

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

Sanitizer Observations/Recordings

Establishment Info

VISION2020 GROUP HOMES LLC
Minneapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1021251217
Inspection Type: Follow-up
Date: 11/18/2025
Time: 11:19:15 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Residential Dish Machine
Location: Kitchen **Equal To** 160 Degrees F.
Comment: Staff sent inspector a picture of a thermolabel that had been placed on a plate and run through the new dish machine.
Violation Issued?: No

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

Food & Beverage Inspection Report

Establishment Info

VISION2020 GROUP HOMES LLC
1805 15TH AVENUE SOUTH
Minneapolis, MN 55404
Hennepin County
Parcel:

Phone:

License Info

License: HFID 37183

Risk:
License:
Expires on:
CFPM: Meaza Getachew Eshete
CFPM #: 54387; Exp: 12/06/2027

Inspection Info

Report Number: F1021251200
Inspection Type: Full - Single
Date: 11/3/2025 Time: 1:09:19 PM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 4
Total Priority 3 Orders: 6
Delivery: Emailed

New Order: 2-500 Cleanup of Vomiting and Diarrheal Events
2-501.11 *Priority Level: Priority 2 CFP#: 5*
MN Rule 4626.0123 Provide employees with procedures to follow for cleanup of vomit or fecal matter in the establishment. The procedures must minimize the spread of contamination to food and surfaces within the facility, and minimize the exposure of employees and consumers to contamination.
COMMENT: ESTABLISHMENT DOES NOT HAVE PROCEDURES IN PLACE FOR STAFF TO FOLLOW FOR THE CLEAN UP OF VOMIT AND/OR FECAL ACCIDENTS. A FACT SHEET WAS SENT WITH THE REPORT. ENSURE ALL EMPLOYEES ARE TRAINED ON PROPER CLEANUP.
Comply By: 11/10/2025 Originally Issued On: 11/3/2025

New Order: 4-200 Equipment Design and Construction
4-204.112A *Priority Level: Priority 3 CFP#: 36*
MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.
COMMENT: NO THERMOMETER FOUND IN THE BASEMENT KENMORE FRIDGE TO MEASURE THE AMBIENT TEMPERATURE. ADD ONE IN THE WARMEST PART OF THE FRIDGE AS MENTIONED IN THE RULE ABOVE.
Comply By: 11/10/2025 Originally Issued On: 11/3/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.12B *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.
COMMENT: NO THIN PROBE FOOD THERMOMETER ON-SITE FOR THE UPSTAIRS KITCHEN. PROVIDE AS DESCRIBED IN RULE ABOVE. DISCUSSED THERMOMETER CALIBRATION AND PROBE SANITATION. THERE IS ONE FOR THE DOWNSTAIRS KITCHEN.

Comply By: 11/7/2025 Originally Issued On: 11/3/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT: ESTABLISHMENT DOES NOT HAVE A MEASURING DEVICE THAT INDICATES THE FINAL UTENSIL SURFACE TEMPERATURE IN DISH MACHINE. PROVIDE. ONE THERMOLABEL LEFT ON-SITE.

Comply By: 11/10/2025 Originally Issued On: 11/3/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: NO TEST KIT ON-SITE TO MEASURE THE CONCENTRATION OF SANITIZER. DISCUSSED THE APPROVED FOOD CONTACT SURFACE SANITIZERS AND THEIR APPROPRIATE TEST KITS. PROVIDE AS DESCRIBED IN RULE ABOVE.

Comply By: 11/7/2025 Originally Issued On: 11/3/2025

New Order: 4-300 Equipment Numbers and Capacities
4-303.11B *Priority Level: Priority 3 CFP#: 48*
MN Rule 4626.0721B Provide chemical sanitizers to sanitize equipment and utensils during all hours of operation.
COMMENT: NO CHEMICAL SANITIZERS ON-SITE. DISCUSSED WITH MANAGER THE DIFFERENT APPROVED FOOD CONTACT SURFACE SANITIZERS. SANITIZER FACT SHEET SENT WITH REPORT. PROVIDE A CHEMICAL SANITIZER TO SANITIZE EQUIPMENT, UTENSILS AND FOOD CONTACT SURFACES.
Comply By: 11/3/2025 Originally Issued On: 11/3/2025

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: THE KITCHEN DISH MACHINE IS CURRENTLY OUT OF ORDER. MANAGER STATED THAT THEY WILL REPLACE IT. IN THE MEANTIME, ALL DISHES AND UTENSILS WILL BE SANITIZED USING A CHEMICAL SANITIZER. SEE COMMENTS.
Comply By: 11/3/2025 Originally Issued On: 11/3/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: GREASE BUILDUP WAS NOTED ON THE VENTILATION HOODS LOCATED IN BOTH THE UPSTAIRS AND BASEMENT KITCHENS. DRIED AND BURNT FOOD DEBRIS OBSERVED IN THE DOWNSTAIRS STOVE TOP. REGULAR CLEANING IS RECOMMENDED TO MAINTAIN PROPER SANITATION AND FUNCTION.
Comply By: 11/7/2025 Originally Issued On: 11/3/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-602.12 *Priority Level: Priority 3 CFP#: 16*
MN Rule 4626.0850 Clean the food contact surfaces of cooking and baking equipment and interior cavities of microwave ovens at least every 24 hours.
COMMENT: FOOD DEBRIS BUILDUP WAS OBSERVED INSIDE THE UPSTAIRS AND BASEMENT KITCHEN MICROWAVES. CLEANING PROCEDURES WERE REVIEWED WITH STAFF.
Comply By: 11/7/2025 Originally Issued On: 11/3/2025

! **New Order: 4-700 Sanitizing Equipment and Utensils**
4-702.11 *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.
COMMENT: OBSERVED DISHES ON THE DRYING RACK WHILE THE DISH MACHINE IS CURRENTLY NOT OPERATIONAL. PER CONVERSATION WITH THE MANAGER, DISHES ON THE RACK HAD BEEN WASHED AND RINSED. DISCUSSED WITH STAFF THAT ALL DISHES AND UTENSILS MUST BE WASHED, RINSED, AND SANITIZED. STAFF STATED THEY WILL OBTAIN CHLORINE AND COMPLETE THE THREE-STEP WAREWASHING PROCESS. MANUAL WAREWASHING FACT SHEET SENT WITH REPORT.
Comply By: 11/3/2025 Originally Issued On: 11/3/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.14A *Priority Level: Priority 3 CFP#: 10*
MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: HANDWASHING SINK IN THE KITCHEN IS MISSING A HANDWASHING SIGN/POSTER THAT REMINDS FOOD EMPLOYEES TO WASH HANDS BEFORE RETURNING TO WORK. PROVIDE AS DESCRIBED IN RULE ABOVE. AN MDH HANDWASHING POSTER SENT WITH REPORT.

Comply By: 11/7/2025 *Originally Issued On: 11/3/2025*

Food & Beverage General Comment

All findings on this report were discussed with Manager, Geshe Yaya Hassen and Health Regulation Division Nurse Evaluator, Benard Nyangena .

This facility is a residential home, and they currently have 4 clients and the facility can accommodate up to 4 clients.

Establishment has two residential kitchens and serves food that is for same day service. The kitchens have wood cabinets, tile floors, painted walls, solid counter tops, and textured painted ceilings.

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

A residential dish machine is used to wash, rinse and sanitize all dishes and utensils. The dish machine is run on the sanitize/high temperature cycle. The dish machine was not working during the inspection. Staff will sanitize all dishes and utensils with a cheminal sanitizer. The manager stated that they will replace the dish machine. Dish machine information sent with report.

Establishment is currently using a pre-mixed sanitizer labeled as Clean Smart Hospital Grade Disinfectant. The product label indicates it is safe for use on food contact surfaces. The active ingredient is hypochlorous acid.

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 F1021251200 from 11/3/2025

Melissa Ramos

Geshe Yaya Hassen
Manager

Melissa Ramos,
Public Health Sanitarian 3
651-201-4495
melissa.ramos@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

VISION2020 GROUP HOMES LLC
Minneapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1021251200
Inspection Type: Full
Date: 11/3/2025
Time: 1:09:19 PM

Food Temperature: Product/Item/Unit: Milk **; Temperature Process:** Cold-Holding
Location: GE Kitchen Refrigerator at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Hot Dogs **; Temperature Process:** Cold-Holding
Location: GE Kitchen Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: GE Kitchen Refrigerator **; Temperature Process:** Ambient Air
Location: GE Kitchen Refrigerator at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sliced Ham **; Temperature Process:** Cold-Holding
Location: Kenmore Refrigerator Lower Level at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Potato Salad **; Temperature Process:** Cold-Holding
Location: Kenmore Refrigerator Lower Level at 38 Degrees F.
Comment:
Violation Issued?: No