Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF PROVISIONAL CONDITIONAL LICENSE - LICENSE GRANTED

Electronic Delivery

November 14, 2025

Licensee
Zencare Health Inc
1011 Burns Avenue
Saint Paul, MN 55106

RE: License Number 417113
Health Facility Identification Number (HFID) 40847
Project Number(s) SL40847015

Dear Licensee:

On November 4, 2025, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed August 12, 2025. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective 11/13/2025.

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

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.

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

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

CLN

Electronically Delivered

November 13, 2025

Licensee
Zencare Health Inc
1011 Burns Avenue
Saint Paul, MN 55106

RE: Project Number(s) SL40847015

Dear Licensee:

On November 4, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on August 12, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Tim Hanna, Supervisor
State Engineering Services Section
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 Fax: 1-866-890-9290

CLN

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

October 9, 2025

Licensee
ZenCare Health INC
1011 Burns Avenue
Saint Paul, MN 55106

RE: Provisional Conditional License Number 417113
Health Facility Identification Number (HFID) 40847
Project Number SL40847015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 12, 2025, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 90-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **January 7, 2026**.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $1,000.00. **MDH is not imposing these fines against your provisional license at this time.**

St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - $1,000.00

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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

CONDITIONAL LICENSE ISSUED:
MDH will issue ZenCare Health INC a conditional provisional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if ZenCare Health INC is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional provisional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the provisional license.

b. **No new admissions:** ZenCare Health INC will not admit any new residents under its conditional provisional assisted living facility license until MDH removes the "no new admissions" condition. ZenCare Health INC must provide the Department:

    i. A list of the names and birthdates of any individuals ZenCare Health INC is currently in the process of admitting. These individuals will be able to continue the admittance process.

    ii. A list of all current residents including:
        1. Name and birthdate of each resident
        2. Current payment source for services
        3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
        4. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative

c. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of ZenCare Health INC to correct the violations cited during the follow-up (remove if not LOF) survey as well as to determine the overall practice of ZenCare Health INC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive provisional licensed assisted living services. The OOLTC will share their findings with MDH.

d. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.

e. **Corrective Action Plan:** ZenCare Health INC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
    i. A statement of the concern
    ii. A description of what will happen to correct the concern
    iii. A target date for when each correction will be complete
    iv. Who is responsible to make sure it happens

v. Current status of correction work
vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:
MDH will determine if ZenCare Health INC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional provisional license period. If MDH determines ZenCare Health INC is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to ZenCare Health INC. If MDH determines ZenCare Health INC is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

REQUEST FOR RECONSIDERATION:
Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

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

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 Renee L. Anderson directly at: 651-201-5871.

Sincerely,

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40847	A. BUILDING: _____ B. WING _____	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZENCARE HEALTH INC	1011 BURNS AVENUE SAINT PAUL, MN 55106

(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: SL40847015-0 On August 11, 2025, through August 12, 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 two residents; two receiving services under the Provisional 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.	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	Continued From page 1 (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 have all the written requirements in the emergency preparedness plan (EPP) as defined in Appendix Z (a section of the Centers for Medicare and Medicaid Services (CMS) state operations manual which includes the emergency preparedness guidelines). In addition, the licensee failed to ensure the missing resident policy was reviewed quarterly as required under section 4659.0110. This had the	0 680		

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0 680	Continued From page 2 potential to affect all residents, staff and visitors of the facility. 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: The licensee's emergency disaster preparedness plan lacked evidence of annual review and the following required content: -subsistence needs for staff and patients; -policies and procedures for medical documents; and -policies and procedures for volunteers. On August 12, 2025, at 10:43 a.m., licensed assisted living director (LALD)-A stated he was familiar with Appendix Z, but the licensee had not fully developed and implemented the emergency preparedness plan/program to include the above requirements and facility specific instructions. The licensee's Emergency Preparedness policy, dated, July 1, 2024, indicated, "[Licensee] will have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services. The plan considers the organization's commitment to provide services while ensuring the safety of its employees and residents. [Licensee] will implement the	0 680		

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0 680	Continued From page 3 Emergency Management program* as soon as the agency becomes aware of the existence of an emergency. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 810 SS=I	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	0 810		

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0 810	Continued From page 4 drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required training. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level three violation (a violation that harmed a client/resident's health or safety, or a violation that had the potential to cause more than minimal harm to the client/resident) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On August 11, 2025, licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP, titled "Fire Safety", dated July 1, 2024, failed to include the following:	0 810		

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0 810	Continued From page 5 The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The provided FSEP was from a third-party provider and had not been updated to the specific facility. The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. TRAINING: The licensee failed to provide evacuation training to residents at least once per year. LALD-A stated that residents receive verbal training and lacked documentation showing that residents were offered training on the FSEP 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	0 970		

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0 970	Continued From page 6 licensee failed to ensure assisted living contracts did not include language waiving the licensee's liability for health, safety, or personal property of a resident for one of one resident (R2). 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 residents). The findings include: R2 was admitted on September 12, 2024, with diagnoses including squamous cell carcinoma (a type of cancer) of skin, scalp, and neck. R2's Service Plan dated September 12, 2024, indicated R2 received services including assistance with housekeeping, laundry, meals, and medication administration. R2's Assisted Living Contract dated September 12, 2024, included the following language indicating a waiver of liability: "Miscellaneous Provisions 1. Responsibilities. The resident is responsible to protect their own interests outside what is covered in this Agreement. The resident acknowledges that [Licensee] is not an insurer of the resident's person or property. The resident agrees that resident shall be responsible for any personal injury or property damage (including, without limitation, damage to, or loss or theft of, automobiles or personal property of resident) suffered by the resident or the resident's agents, guests or invitees, unless and to the extent that	0 970		

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0 970	Continued From page 7 the injury or damage is caused by the negligence of [Licensee] or its employees or agents." On August 12, 2025, at 8:34 a.m., licensed assisted living director (LALD)-A stated he was not aware of the waiver of liability language limitations. LALD-A stated this was the contract used for all the licensee's residents. LALD-A verbalized he planned to correct the waiver of liability verbiage in the contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
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 medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written or electronically recorded prescription was obtained for medications administered, and prescriptions were renewed at least every 12 months for one of two residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a	01820		

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01820	Continued From page 8 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: R2's Service Plan dated September 12, 2024, indicated R2 received services including assistance with housekeeping, laundry, meals, and medication administration. On August 11, 2025, at 1:42 p.m., the surveyor observed supervisor/unlicensed personnel (S/ULP)-B assist R2 with medication administration. S/ULP-B stated the licensee only assisted R2 with his controlled medication administration and R2 self-administered his own regularly scheduled medications. R2's medication administration record (MAR) for August 1, 2025, to August 11, 2025, indicated R2 was administered the following medications daily: -buprenorphine (for pain) 6 milligrams (mg) under tongue, twice daily for 30 days; and -oxycodone (for pain) 15 mg, every 4 hours as needed. R2's medical record included a medication list dated June 8, 2025, but lacked a current written or electronically recorded prescriptions as defined in section 151.01, subdivision 16 a., for all prescribed medications that the assisted living facility is managing for the resident. In addition, R2's record included a provider note indicating R2 was prescribed Belbuca (buprenorphine) and oxycodone for his chronic pain, but the note lacked a dosage and frequency for each of these medications to be administered.	01820		

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01820	Continued From page 9 On August 11, 2025, at 1:26 p.m., S/ULP-B provided a copy of R2's medication list which lacked a signature by the provider for the controlled medications being provided by the licensee. S/ULP-B stated they were not able to find a signed order for buprenorphine and oxycodone, but he would call the pharmacy to have them send it over. S/ULP-B verbalized clinical nurse supervisor (CNS)-C was not aware R2's medication orders were not complete and signed by the provider. S/ULP-B stated he planned to talk to CNS-C to make sure these orders were signed and kept in the resident's medical record. Minnesota Statutes section 151.01 Definitions Subd. 16 a., Prescription indicated, "A prescription written or printed on paper that is given to the patient or an agent of the patient or that is transmitted by fax must contain the practitioner's manual signature. An electronic prescription must contain the practitioner's electronic signature." The licensee's Medication Orders policy, dated July 1, 2024, indicated, "1. [Licensee] will maintain a current written or electronically recorded prescription for all prescribed medications managed for the resident. 2. Medication orders will be renewed at least every 12 months or as required by the physician, the RN assessment and/or regulation." The licensee's Prescriber's Orders policy, dated July 1, 2024, indicated, "1. Written orders from an authorized prescriber will be obtained for all medications and treatments with which the assisted living facility assists residents, including over the counter medications. 2. Verbal orders	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40847	A. BUILDING: _____ B. WING _____	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZENCARE HEALTH INC	1011 BURNS AVENUE SAINT PAUL, MN 55106

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01820	Continued From page 10 may be accepted by a nurse who records and signs the order and then forwards it to the prescriber for signature no later than seven days after receipt of the verbal order. 3. Telephone, facsimile, or computer-generated orders will be kept confidential. An order received by facsimile must have been signed by the prescriber and a durable copy placed in the clinical record by assisted living staff. 4. All orders must be signed and dated by the prescriber. If the prescriber omitted a date, the facility will date the order when received from the prescriber. 5. Medication orders will include the name of the medication, dosage, and directions for use." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
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 assisted living services were provided with continuity from people who are properly trained and competent to perform their duties by failing to follow procedures for medication administration, for one	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 11 of one resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at 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: R2 was admitted on September 12, 2024, with diagnoses including squamous cell carcinoma (a type of cancer) of skin, scalp, and neck. R2's Service Plan dated September 12, 2024, indicated R2 received services including assistance with housekeeping, laundry, meals, and medication administration. On August 11, 2025, at 1:42 p.m., the surveyor observed supervisor/unlicensed personnel (S/ULP)-B assist R2 with medication administration. R2 requested to receive his controlled medications upon returning from a provider appointment. S/ULP-B retrieved R2's two medication bubble packs from a locked medication cabinet in the main living area of the facility. S/ULP-B removed the two medications from the bubble pack and placed them into a med cup. Without checking the medication administration record (MAR) and performing the five rights of medication administration, S/ULP-B then administered the medications to R2. R2's MAR dated August 2025, indicated S/ULP-B	02320		

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	40847	A. BUILDING: _____ B. WING _____	08/12/2025

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ZENCARE HEALTH INC	1011 BURNS AVENUE SAINT PAUL, MN 55106

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02320	Continued From page 12 administered the following medications in the afternoon on August 11, 2025: -buprenorphine (for pain) 6 milligrams (mg) under tongue, twice daily for 30 days; and -oxycodone (for pain) 15 mg, every 4 hours as needed. On August 11, 2025, at 1:50 p.m., S/ULP-B stated he checked the electronic medical record for R2's medications earlier in the day but did not check at the time he administered the medications to R2. S/ULP-B stated these were the same two medications the employees ever administered to R2, and these medications had not changed. S/ULP-B stated he should have checked the online medication administration record at the time he administered the medications. On August 11, 2025, at 1:52 p.m., licensed assisted living director (LALD)-A stated S/ULP-B should have checked the medication administration record in the electronic medical record before giving any medications. The licensee's Medication Administration policy, dated July 1, 2024, indicated, "6. All staff with responsibility for medication administration have access to information about the medication being administered, including but not limited to: a. Purpose b. Dosage c. Route d. Frequency e. Instructions related to the medication and specific to the residents, as appropriate f. Side effects g. Resident allergies to medications."	02320		

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02320	Continued From page 13 The licensee's Delegation of Assisted Living Tasks policy dated, July 1, 2024, indicated, "The clinician (Registered Nurse or licensed health professional) is responsible for appropriately delegating tasks to staff who are competent and possess the knowledge and skills consistent with the complexity of the tasks in accordance with the appropriate Minnesota Practice Act." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the required posting at the main entry way of the facility, included statutory language to disclose electronic monitoring activity, potentially affecting all current residents in the assisted living facility, staff, and any visitors to the facility. 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	03090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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03090	Continued From page 14 problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On August 11, 2025, at 10:45 a.m., after the entrance conference, the surveyor observed the licensee's postings with licensed assisted living director (LALD)-A and supervisor/unlicensed personnel (S/ULP)-B. The licensee lacked an electronic monitoring notice posted with the required statutory language. LALD-A verbalized he may have it somewhere but was unable to locate a posting. On August 11, 2025, at 12:21 p.m., S/ULP-B stated he was not aware of the electronic monitoring posting verbiage requirement. -12:24 p.m., the surveyor provided, via email, the statutory language for the electronic monitoring posting notification to the licensee. The licensee's Electronic Monitoring policy, dated July 1, 2024, indicated "8. [Licensee] will post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	03090		

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

ZENCARE HEALTH INC
1011 BURNS AVENUE
St Paul, MN 55106
Ramsey County
Parcel:

Phone:

License Info

License: HFID 40847

Risk:
License:
Expires on:
CFPM: JAFAR AHMED
CFPM #: 124454; Exp: 8/10/2027

Inspection Info

Report Number: F8058251077
Inspection Type: Full - Single
Date: 8/11/2025 Time: 1:53:57 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

HRD INSPECTOR DEDE HINNENDAEL

RESIDENTIAL HOME WITH NON COMMERCIAL APPLIANCES AND FINISHES

COOLER:
41 CHICKEN
38 STRAWBERRY

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 F8058251077 from 8/11/2025

JAFAR AHMED
PIC

Aaron Gertz,
Public Health Sanitarian 3
651-201-4516
aaron.gertz@state.mn.us