Electronically Delivered

April 7, 2026

Licensee
Timber Hills
6305 Burnham Circle
Inver Grove Heights, MN 55076

RE: Project Number(s) SL21981016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 11, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - $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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21981	A. BUILDING: _____ B. WING _____	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER HILLS	6305 BURNHAM CIRCLE INVER GROVE HEIGHTS, MN 55076

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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: SL21981016-0 On March 9, 2026, through March 11, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 75 residents; 67 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled Food and Beverage Establishment Inspection Report (FBEIR) dated March 10, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical and nursing standards for infection control related to glove use and handwashing by two of three employees (unlicensed personnel (ULP)-E, and ULP-F). 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).	0 510		

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0 510	Continued From page 4 The findings include: ULP-E On March 10, 2026, at 7:31 a.m., the surveyor observed ULP-E put gloves on, assist R1 to a sitting position, apply a gait belt around R1's waist, put slippers on R1's feet and then walked R1 to the bathroom to use the toilet. ULP-E assisted R1 with putting her hearing aids in, removed slippers and soiled pull up putting it in the trash can. ULP-E removed her gloves, did not perform hand hygiene, went to R1's closet and brought back clean clothes to the bathroom. ULP-E applied gloves, washed R1's face, put on a clean pull up, socks, pants and shoes. ULP-E removed gloves, did not perform hand hygiene, applied gloves, washed and applied lotion to R1's back and helped put R1's bra and shirt on. ULP-E brought R1's wheelchair into the bathroom and placed it in front of R1. ULP-E assisted R1 with standing up, washed her peri-area, including the wound on R1's left inner buttock. ULP-E applied cream to R1's wound, pulled up R1's pants and assisted R1 with sitting in her wheelchair. ULP-E removed gloves, did not perform hand hygiene, removed the gait belt and set R1 up by the sink so she could brush her teeth and put on her makeup. ULP-E went to R1's bedroom and put on a new pair of gloves and removed soiled linen from R1's bed. ULP-E removed gloves, did not perform hand hygiene, and brought R1 from the bathroom to the kitchen and administered R1's oral medications. ULP-E put on a pair of gloves and applied R1's pain patch to her lower back. ULP-E removed gloves, did not perform hand hygiene and brought R1 to the dining room for breakfast. ULP-F On March 10, 2026, at 8:27 a.m., the surveyor	0 510		

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0 510	Continued From page 5 observed ULP-F put gloves on, log into the electronic health record (EHR) via I-pad, ULP-E unlocked R3's medication cabinet, removed a plastic bin with medication cards in it. Compared each medication card to the order in the EHR and punched each medication into a medication cup. ULP-F noted one medication was missing and used a walkie to call the nurse. The nurse stated the medication was in the nurse's office and she would bring it to ULP-F. ULP-F placed the medication cup back into the medication cabinet. ULP-F removed a plastic basket from the top of R3's refrigerator and brought it to R3 who was sitting in his recliner. ULP-F rolled up R3's pants and gently touched both legs to feel for drainage. ULP-F stated R3's legs were dry and scabs were intact. ULP-F stated she would apply lotion to both legs without dressing. ULP-F removed her gloves, did not perform hand hygiene and immediately put on a new pair of gloves. ULP-F removed the lotion from the top of the refrigerator when the nurse came in with the missing medication. ULP-F took the medication card from the nurse, logged into the I-pad, compared the medication with the order and punched it into the medication cup with R3's other medications. ULP-F brought the medications to R3 and set them on his side table while she applied R3's Tubi-grips to both legs, socks and shoes. ULP-F then administered R3's medications, documented the administration on the I-pad. ULP-F then assisted R3 with changing his shirt and brushed his hair. ULP-F removed gloves, did not perform hand hygiene and escorted R3 to the dining room for breakfast. On March 10, 2026, at 9:00 a.m., the surveyor observed ULP-F put gloves on, remove clean clothes from R2's closet, assist R2 to a sitting position, put a gait belt around R2's waist, put	0 510		

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0 510	Continued From page 6 shoes on, and assisted R2 to a standing position and escorted her to the bathroom. ULP-F removed R2's soiled pull up, assisted with peri-care, put a clean pull up on and dressed R2. ULP-F then assisted R2 from the bathroom to her wheelchair. ULP-F removed her gloves, did not perform hand hygiene, put on a new pair of gloves and brushed R2's hair. ULP-F then went to the kitchen and gathered R2's wound care supplies and brought them into R2's room. ULP-F removed her gloves, did not perform hand hygiene, logged into the I-pad, reviewed the directions for wound care, removed R2's shoe and sock, then removed the old bandage from R2's left second toe. ULP-F touched R2's toe while examining it, removed wound care supplies from basket, removed her gloves, did not perform hand hygiene, put on a new pair of gloves, cleansed the wound, applied Bacitracin and bandage and secured bandage with paper tape. ULP-F put R2's sock and shoe back on, removed gloves, did not perform hand hygiene, and brought the wound care supplies back to the kitchen. On March 11, 2026, at 10:51 a.m., registered nurse (RN)-H stated staff should perform hand hygiene prior to applying gloves and again after gloves were removed. RN-H further stated the ULP should have changed gloves between performing different tasks. The licensee's undated, Hand Hygiene policy indicated hand hygiene should be performed: a. Before and after contact with a resident b. Before performing an aseptic task c. After contact with blood or body fluids d. After contact with visibly contaminated surfaces e. After contact with objects in the resident's	0 510		

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0 510	Continued From page 7 room f. Before donning (applying) personal protective equipment g. After removing personal protective equipment h. After using the restroom i. Before meals The licensee's undated, Glove Technique policy indicated to apply clean non-sterile gloves when touching blood, body fluids, secretions, excretions, contaminated items, mucous membranes, and non-intact skin. Don (apply) clean gloves between task and procedures on the same resident after contact with blood, body fluids, secretions, excretions. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces. Perform hand hygiene after removal of gloves. No other information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services	01640		

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01640	Continued From page 8 and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of four residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 was admitted on April 18, 2023, with diagnoses that included vascular dementia (decline in thinking, memory, and judgement caused by reduced blood flow to the brain, which damages brain tissue). On March 10, 2026, at 7:31 a.m., the surveyor observed unlicensed personnel (ULP)-E cleanse R1's wound on her left inner buttocks, pat dry and	01640		

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01640	Continued From page 9 apply a quarter size amount of calmoseptine cream to the wound. -at 8:10 a.m., the surveyor observed ULP-E administer medications to R1 with nectar thickened water. R1's service plan (also used as the treatment management plan) dated February 16, 2026, indicated R1 received services to include extensive assist in AM (morning), extensive assist PM (evening), bed mobility/reposition/transfers, meal plate set-up, weekly blood pressure checks, treatment-lotion, ointment and/or cream twice a day, basic wound care PRN (as needed), and medication administration. R1's service plan did not include modified (mechanical soft) diet and thickened fluids. R1's signed prescriber orders included the following: -Change liquids to nectar thick consistency, order dated February 6, 2026 -Ok for mechanical soft diet, order dated February 17, 2026 -calmoseptine 0.44-20.6% ointment; apply topically four times a day. May also apply with each brief change PRN. Indication: barrier, protection for pressure areas; discontinue optifoam to coccyx wound care order; ok to continue to use wound cleanser to clean wound on coccyx PRN. Pat dry before applying calmoseptine, order dated February 2, 2026 R1's service recap summary dated March 2026, included the following: -Meal Plate Set-Up; Placing plate within reach, opening any items that may be difficult to manage, cutting food, buttering bread, pouring liquids, and ensuring resident has any specific items they need to eat independently.	01640		

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01640	Continued From page 10 -Wound Care Basic: PRN: Not assigned; Wound care daily and PRN for recurrent O/A (open area). Cleanse with NS (normal saline), gently pat dry, apply Bacitracin and cover with island dressing-notify nurse with new open areas. Notify nurse with redness, pain, swelling, wound odor, increase or change in drainage. R1's service recap summary did not indicate R1 received mechanical soft diet nectar thickened fluids or four times a day wound care to R1's buttocks. R1's medication administration record (MAR) dated March 2026, included the following: -calmoseptine 0.44-20.6%; apply thin layer cream four times a day. May also apply with each brief change PRN. Okay to use wound cleanser to clean wound on coccyx PRN. Pat dry before applying calmoseptine. R1's wound care assessment dated February 5, 2026, indicated the following: -Skin-Wound-Assessment 1: wound type: excoriation, wound location: multiple areas on the body, wound odor: none, wound treatment plan, specific: Bacitracin plus island dressing, managing wound: RA (resident assistant) -Skin-Wound-Assessment 2: wound type: pressure injury, wound location: left buttock near coccyx area, wound length centimeters (cm): 1.5 cm, wound width 1.0 cm, wound depth: 0.1 cm, wound staging: pressure-stage 2-partial thickness, wound base: intact, wound drainage: no drainage, wound odor: none, wound undermining and tunneling: no tunneling or undermining present, wound edges: defined, tissue surrounding wound: dry, pain associated with wound: no pain, based on observations does the wound appear to be infected: no, wound	01640		

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01640	Continued From page 11 treatment plan: calmoseptine ointment, managing wound: RA On March 11, 2026, at 8:20 a.m., registered nurse (RN)-H stated R1 was on a mechanical soft diet with nectar thickened fluids due to difficulty swallowing and coughing. In addition, RN-H stated R1 would scratch her back until the skin broke open, which is what the PRN basic wound care listed on the service plan was for. RN-H stated R1 had a wound on her left inner buttocks that used to have a dressing on it; however, due to the location of the dressing, it would fall of or fold causing more irritation to the skin, so R1's provider discontinued the dressing and ordered calmoseptine cream to be applied four times a day and as needed with toileting. RN-H reviewed R1's service plan and stated it did not include mechanical soft diet, nectar thickened fluids or four times a day wound care to R1's buttocks. On March 11, 2026, at 11:40 a.m., regional director of clinical services (RDOCS)-K stated if a resident had a modified diet/thickened fluids, it was listed on the resident's face sheet and nursing notified the kitchen of the modified diet/thickened fluids. RDOCS-K stated the licensee did not list modified diets/thickened fluids as a service on the service plan and/or treatment management plan for any of the residents who received this service. RDOCS-K did not consider modified diets/thickened fluids as a treatment. RDOCS-K stated he thought R1's scheduled wound care was included as part of the medication administration service. The licensee's Service Plan policy dated August 1, 2021, indicated all assisted living resident shave an up-to-date service plan identifying services to be provided based on the assessment	01640		

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01640	Continued From page 12 by the RN and/or other licensed health professional. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01710 SS=D	144G.71 Subd. 3 Individualized medication monitoring and reas A registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management reassessment at least annually for two of four residents (R1 and R3) who received medication management services. 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).	01710		

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01710	Continued From page 13 The findings include: During the entrance conference on March 9, 2026, at 9:45 a.m., RN-C stated the licensee provided medication management services to the licensee's residents. R1 R1 was admitted on April 18, 2023, with diagnoses that included vascular dementia (decline in thinking, memory, and judgement caused by reduced blood flow to the brain, which damages brain tissue). On March 10, 2026, at 8:10 a.m., the surveyor observed unlicensed personnel (ULP)-E administer medications to R1. R1's service plan dated February 16, 2026, indicated R1 received services to include medication administration. R1's record lacked an annual face-to-face medication reassessment to include an identification and review of all medications the resident was known to be taking including, a review of the indications for use, side effects, contraindications, allergic or adverse reactions, and interventions needed in management of medications to prevent diversion. R3 R3 was admitted on September 27, 2022, with diagnoses that included Alzheimer's disease. On March 10, 2026, at 8:45 a.m., the surveyor observed ULP-F administer medications to R3. R3's service plan dated December 5, 2025,	01710		

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01710	Continued From page 14 indicated R3 received services to include medication administration. R2's record lacked an annual face-to-face medication reassessment to include an identification and review of all medications the resident was known to be taking including, a review of the indications for use, side effects, contraindications, allergic or adverse reactions, and interventions needed in management of medications to prevent diversion. On March 11, 2026, at 12:39 p.m., RN-H reviewed R1 and R3's record and stated it did not include an annual medication management assessment. RN-H stated both residents' annual assessment had been completed; however, it was not documented in their records. The licensee's Medication Management policy dated June 25, 2025, indicated a RN will conduct a face-to-face assessment of a resident's need for medication management services, including the appropriate method to store the resident's medications and whether secured storage is appropriate given the resident's functional and cognitive status, concerns about the potential for drug diversion or other considerations. Based on this assessment, the RN will develop an individualized medication management plan for the residents that will address storage of the resident's medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01710		

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01730	Continued From page 15	01730		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be	01730		

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01730	Continued From page 16 current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for four of four residents (R1, R2, R3 and R4). This practice resulted in a level two violation (a violation that did no harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on March 9, 2026, at approximately 9:45 a.m., registered nurse (RN)-C stated the licensee provided medication management services to the residents living at the facility. RN-C stated the licensee stored the main supply of medications in each resident's room in a locked cabinet, refrigerator, and overflow medications were stored in medication carts located in the nurse offices. R1 R1 was admitted on April 18, 2023, with diagnoses that included vascular dementia	01730		

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01730	Continued From page 17 (decline in thinking, memory, and judgement caused by reduced blood flow to the brain, which damages brain tissue). On March 10, 2026, at 8:10 a.m., the surveyor observed unlicensed personnel (ULP)-E administer medications to R1. R1's service plan dated February 16, 2026, indicated R1 received services to include medication administration. R1's medication administration record (MAR) dated March 2026, included the following medications: -acetaminophen 500 milligrams (mg); give two tablets by mouth three times daily (pain) -amlodipine 5 mg; give one and one-half tablet by mouth daily (blood pressure) -calmoseptine 0.44-20.6%; Apply thin layer of cream four times a day. May also apply with each brief change. Okay to use wound cleanser to clean wound on coccyx as needed. Pat dry before applying calmoseptine -citalopram 10 mg; give half tablet by mouth once daily (depression) -hydroxyzine 10 mg; give one tablet by mouth twice a day (itching) -Lidoderm Patch 4%; Apply one patch in the morning (pain) -lisinopril 20 mg; give one tablet by mouth two times a day (blood pressure) -Zyrtec 5 mg; give one tablet by mouth daily (allergies/itching) -triamcinolone 0.1% cream; apply thin layer of cream to back and any itchy areas on trunk -famotidine 20 mg; give half tablet by mouth at hour of sleep (reflux) -mirtazapine 7.5 mg; give one tablet by mouth at hour of sleep (anxiety)	01730		

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01730	Continued From page 18 -senna 8.6 mg; take one tablet by mouth two times a day as needed (constipation) -acetaminophen 500 mg; take two tablets one time each day as needed (hip pain) -hyoscyamine 0.125 mg; give one tablet by mouth every hour as needed for secretions -Imodium 2 mg; give one tablet after each loose stool, max eight tablets in one day -Lidex; gently massage a few drops (5 drops) into itchy areas of scalp daily at hour of sleep -melatonin 3 mg; take one tablet by mouth every night as needed for sleep -oxycodone 5 mg; administer half tablet every hour as needed for pain or shortness of breath -Robitussin 10 milliliter (ml); give 10 ml by mouth up to three times a day as needed (cough) R1's Individualized Medication Management Plan dated February 17, 2026, indicated the following: -Secure storage of all other medications, specify (including refrigeration): locked medication cupboard in apartment -Secure storage of controlled medications, specify (including refrigeration): Locked narc (narcotic) bag in locked cabinet -Licensed nurse responsible for monitoring med supplies and ensuring meds are ordered in a timely manner: resident resides in Memory Care and on cycle meds R1's medication management plan lacked the following required content: - central storage in nurses' office (medication carts) - hospice staff were responsible for monitoring some medication supplies and ensuring medication refills were ordered on a timely basis -documentation of specific resident instructions relating to the administration of medications	01730		

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01730	Continued From page 19 R2 R2 was admitted on April 30, 2018, with diagnoses that included dementia. On March 10, 2026, at 9:00 a.m., the surveyor observed ULP-F complete wound care on R2's toe. R2's service plan dated February 26, 2026, indicated R2 received services to include medication administration. R2's MAR dated March 2026, included the following medications: -acetaminophen 325 mg; give two tablets by mouth four times a day (pain) -methenamine Hippurate 1 gram (gm); give one tablet by mouth twice daily (preventative urinary tract infection) -amlodipine 2.5 mg; give one tablet by mouth daily (blood pressure) -Brimonidine 0.2% eye drops; instill one drop into left eye two times a day (glaucoma) -Cystex 15 ml; give one tablespoon by mouth daily (preventative for urinary tract pain) -Dorzolamide Timolol 2-0.5% eye drops; instill one drop into left eye twice daily (glaucoma) -escitalopram 10 mg; give one and one-half tablet by mouth daily (depression) -latanoprost -.005% eye drops; instill one drop into left eye once a day at bedtime (glaucoma) -acetaminophen suppository; give one suppository per rectum every six hours as needed (pain) -bisacodyl; give one suppository per rectum daily as needed (constipation) -guaifenesin 10 ml by mouth once daily as needed (cough) -Haldol 0.5 mg; take one tablet by mouth/under the tongue every four hours as needed	01730		

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01730	Continued From page 20 (agitation/anxiety/restlessness) -loperamide 2 mg; give one tablet by mouth daily (loose stools) -Miralax 17 grams; mix in 8 ounces of fluid once daily as needed (constipation) -Zofran 4 mg; give one tablet by mouth/under the tongue every eight hours as needed (nausea) -dilaudid 0.5 mg; give one tablet by mouth/under the tongue every six hours as needed (pain or shortness of breath) -levsin 0.125 mg; give one solutab by mouth/under the tongue every hour as needed for secretions R2's Individualized Medication Management Plan dated February 3, 2026, indicated the following: -secure storage of all other medications, specify (including refrigeration): latanoprost eye drops on locked bag (non-narcotic bag). Latanoprost overflow in locked bag stored in resident's fridge. -secure storage of controlled medications, specify (including refrigeration): stored in locked bag and keep in the locked med cabinet R2's medication management plan lacked the following required content: - central storage in nurses' office (medication carts) R3 R3 was admitted on September 27, 2022, with diagnoses that included Alzheimer's disease. On March 10, 2026, at 8:45 a.m., the surveyor observed ULP-F administer medications to R3. R3's service plan dated December 5, 2025, indicated R3 received services to include medication administration.	01730		

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01730	Continued From page 21 R3's MAR dated March 2026, included the following medications: -acetaminophen 325 mg; give two tablets by mouth every morning (pain) -bumetanide 1 mg; give two tablets by mouth every morning -citalopram 10 mg; give half tablet by mouth daily -famotidine 20 mg; give one tablet by mouth twice daily -quetiapine 25 mg; give one tablet by mouth twice daily -senna s 8.6-50 mg; give one tablet by mouth daily (constipation) -potassium chloride 20 milliequivalent (meq); give one tablet by mouth once daily (supplement) -latanoprost 0.005% eye drops instill one drop in each eye at bedtime -artificial tears; give one drop in each eye three times a day as needed (dry eyes) -bisacodyl suppository; give one suppository rectally once a day as needed (constipation) -hyoscyamine; give one tablet under the tongue ever two hours as needed for secretions -Morphine; give one tablet under the tongue ever one hour as needed (pain) -voltaren cream; apply a thin layer to neck and lower back up to three times a day as needed (pain) R3's Individualized Medication Management Plan dated December 29, 2025, indicated the following: -Secure storage of all other medications, specify (including refrigeration): medications locked in resident's medication cupboard. Refrigerated meds will be locked in locked bag in the refrigerator in resident's room. -Secure storage of controlled medications, specify (including refrigeration): Narcs in locked bags are stored in locked cabinet	01730		

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01730	Continued From page 22 R3's medication management plan lacked the following required content: - central storage in nurses' office (medication carts) R4 R4 was admitted on September 18, 2024, with diagnoses that included behavioral variant frontotemporal dementia (a progressive neurodegenerative disease-causing significant personality changes, apathy, and loss of empathy due to frontal/temporal lobe atrophy) On March 10, 2026, at 9:47 a.m., the surveyor observed ULP-D administer medications to R4. The surveyor noted two albuterol inhalers on his side table in the living room, one bottle of Tums on the desk in the bedroom. R4's service plan dated March 2, 2026, indicated R4 received services to include medication administration. R4's MAR dated March 2026, included the following medications: -acyclovir 400 mg; give one tablet by mouth two times a day (infection) -B-12 500 microgram (mcg); administer one tablet by mouth daily (supplement) -calcitriol 0.25 mcg; give one capsule by mouth daily (supplement) -calcium/vitamin D 315 mg/200 units; give one tablet by mouth two times a day (supplement) -elequis 5 mg; give one tablet by mouth two times a day (blood thinner) -fluoxetine 20 mg; give one capsule by mouth daily (depression) -fluticasone nasal spray 50 mcg; administer two sprays into bot nostrils daily (allergies)	01730		

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01730	Continued From page 23 -folic acid 1 mg; give one tablet by mouth daily (supplement) -Jardiance 10 mg; give one tablet by mouth daily (blood thinner) -metoprolol succinate 100 mg; give one tablet by mouth two times daily -mybetriq 50 mg; give one tablet by mouth daily (overactive bladder) -Nystatin powder 100,000 units; clean abdominal folds and bilateral groin, gently pat dry and apply powder twice a day (skin irritation) -omeprazole 20 mg; give one capsule by moth daily (reflux) -potassium chloride 20 meq; give two tablets by mouth twice a day (supplement) -torsemide 20 mg; take two tablets by mouth two times a day (diuretic) -vitamin D2 50 mcg; give one tablet by mouth daily (supplement) -potassium chloride 20 meq; give one tablet by mouth daily in the afternoon (supplement) -mirtazapine 15 mg; give one tablet by mouth daily (depression) Lenalidomide 5 mg; give one capsule by mouth every other day (chemotherapy) -acetaminophen 500 mg; take two tablets by mouth three times a day (as needed)-self assist -albuterol sulfate 90 mcg; inhale two puffs by mouth every four hours as needed (shortness of breath)-self assist -loperamide 2 mg; take two capsules after first loose stool, then one capsule up to four times in 24 hours (loose stools)-self assist -melatonin; take one tablet by mouth daily as needed (sleep)-self assist -Pepto Bismol; take 20 ml by mouth every six hours as needed (stomach upset)-self assist -TUMS 500 mg; chew and swallow two tablets by mouth as needed (heartburn)-self assist	01730		

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	21981	A. BUILDING: _____ B. WING _____	03/11/2026

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01730	Continued From page 24 R4's comprehensive nurse assessment dated December 18, 2025, under Self Administration of Meds included the following: In summary, may self-administer medications safely, specify: Yes PRN (as needed) medications only, per nurse practitioner (NP). All scheduled meds managed and administered by staff due to history of non-compliance. R4's Individualized Medication Management Plan dated December 18, 2025, indicated the following: -Secure storage of all other medications, specify (including refrigeration): locked medication cupboard in apartment -documentation of specific resident instructions relating to the administration of medications -Needs help taking medications (Med Admin): medications are stored in locked cupboard R4's medication management plan lacked the following required content: -self-administration of PRN medications - central storage in nurses' office (medication carts) -PRN medications stored independently in apartment by R4 -documentation of specific resident instructions relating to the administration of medications On March 11, 2026, at 11:08 a.m., registered nurse (RN)-H reviewed R1 and R4's medication management plans. RN-H stated R1's medication plan did not include hospice staff were responsible for monitoring some medication supplies and documentation of specific resident instructions relating to the administration of medications. RN-H stated R4's medication plan did not include PRN medications were stored independently by R4 in his apartment and	01730		

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01730	Continued From page 25 documentation of specific resident instructions relating to the administration of medications. Regional director of clinical services (RDOCS)-K stated none of the resident's medication plans included central storage of medication carts in the nurse offices. The licensee's Medication Management policy dated June 25, 2025, indicated a RN will conduct a face-to-face assessment of a resident's need for medication management services, including the appropriate method to store the resident's medications and whether secured storage is appropriate given the resident's functional and cognitive status, concerns about the potential for drug diversion or other considerations. Based on this assessment, the RN will develop an individualized medication management plan for the residents that will address storage of the resident's medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:	01940		

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01940	Continued From page 26 (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of four residents (R1 and R4) with treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include:	01940		

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01940	Continued From page 27 R1 R1 was admitted on April 18, 2023, with diagnoses that included vascular dementia (decline in thinking, memory, and judgement caused by reduced blood flow to the brain, which damages brain tissue). On March 10, 2026, at 7:31 a.m., the surveyor observed unlicensed personnel (ULP)-E cleanse R1's wound on her left inner buttocks, pat dry and apply a quarter size amount of calmoseptine cream to the wound. -at 8:10 a.m., the survey observed ULP-E administer medications to R1 with nectar thickened water. R1's service plan (also used as the treatment management plan) dated February 16, 2026, indicated R1 received services to include extensive assist in AM (morning), extensive assist PM (evening), bed mobility/reposition/transfers, meal plate set-up, weekly blood pressure checks, treatment-lotion, ointment and/or cream twice a day, basic wound care PRN (as needed), and medication administration. R1's service plan did not include modified (mechanical soft) diet and thickened fluids. R1's signed prescriber orders included the following: -Change liquids to nectar thick consistency, order dated February 6, 2026 -Ok for mechanical soft diet, order dated February 17, 2026 -calmoseptine 0.44-20.6% ointment; apply topically four times a day. May also apply with each brief change PRN. Indication: barrier, protection for pressure areas; discontinue optifoam to coccyx wound care order; ok to continue to use wound cleanser to clean wound	01940		

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01940	Continued From page 28 on coccyx PRN. Pat dry before applying calmoseptine, order dated February 2, 2026 R1's service recap summary dated March 2026, included the following: -Meal Plate Set-Up; Placing plate within reach, opening any items that may be difficult to manage, cutting food, buttering bread, pouring liquids, and ensuring resident has any specific items they need to eat independently. -Wound Care Basic: PRN: Not assigned; Wound care daily and PRN for recurrent O/A (open area). Cleanse with NS (normal saline), gently pat dry, apply bacitracin and cover with island dressing-notify nurse with new open areas. Notify nurse with redness, pain, swelling, wound odor, increase or change in drainage. R1's service recap summary did not indicate R1 received mechanical soft diet nectar thickened fluids or four times a day wound care to R1's buttocks. R1's medication administration record (MAR) dated March 2026, included the following: -calmoseptine 0.44-20.6%; apply thin layer cream four times a day. May also apply with each brief change PRN. Okay to use wound cleanser to clean wound on coccyx PRN. Pat dry before applying calmoseptine. R1's wound care assessment dated February 5, 2026, indicated the following: -Skin-Wound-Assessment 1: wound type: excoriation, wound location: multiple areas on the body, wound odor: none, wound treatment plan, specific: bacitracin plus island dressing, managing wound: RA (resident assistant) -Skin-Wound-Assessment 2: wound type: pressure injury, wound location: left buttock near	01940		

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01940	Continued From page 29 coccyx area, wound length centimeters (cm): 1.5 cm, wound width 1.0 cm, wound depth: 0.1 cm, wound staging: pressure-stage 2-partial thickness, wound base: intact, wound drainage: no drainage, wound odor: none, wound undermining and tunneling: no tunneling or undermining present, wound edges: defined, tissue surrounding wound: dry, pain associated with wound: no pain, based on observations does the wound appear to be infected: no, wound treatment plan: calmoseptine ointment, managing wound: RA On March 11, 2026, at 8:20 a.m., registered nurse (RN)-H stated R1 was on a mechanical soft diet with nectar thickened fluids due difficulty swallowing and coughing. In addition, RN-H stated R1 would scratch her back until the skin broke open, which is what the PRN basic wound care listed on the service plan was for. RN-H stated R1 had a wound on her left inner buttocks that used to have a dressing on it; however, due to the location of the dressing, it would fall off or fold causing more irritation to the skin, so R1's provider discontinued the dressing and ordered calmoseptine cream to be applied four times a day and as needed with toileting. RN-H reviewed R1's service plan and stated it did not include mechanical soft diet, nectar thickened fluids or four times a day wound care to R1's buttocks. On March 11, 2026, at 11:40 a.m., regional director of clinical services (RDOCS)-K stated if a resident had a modified diet/thickened fluids it was listed on the resident's face sheet and nursing notified the kitchen of the modified diet/thickened fluids. RDOCS-K stated the licensee did not list modified diets/thickened fluids as a service on the service plan and/or treatment management plan for any of the residents who	01940		

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01940	Continued From page 30 received this service. RDOCS-K did not consider modified diets/thickened fluids as a treatment. RDOCS-K stated he thought R1's scheduled wound care was included as part of the medication administration service. R1's treatment plan did not include statement of the type of service (mechanical soft diet, nectar thickened fluids and four times a day wound care) that will be provided R4 R4 was admitted on September 18, 2024, with diagnoses that included behavioral variant frontotemporal dementia (a progressive neurodegenerative disease-causing significant personality changes, apathy, and loss of empathy due to frontal/temporal lobe atrophy) R4's service plan (also used as the treatment management plan) dated March 2, 2026, indicated R4 received services to include standard assistance AM and PM, incontinence assistance, showers, walking/exercise program, twice daily blood pressure checks, daily weights, stockings/Velcro/Ace wraps, medication administration. R4's service recap summary dated March 2026, included the following: -Compression stockings/Velcro/ace wraps with AM or PM cares: Assist with putting on stockings and Velcro compression wraps on bilateral lower extremities and feet. Ensure stockings are dry before putting ton on. Notify nurse if legs and/or feet are red, warm, or painful to touch, new open areas, or new/worsening edema (swelling). -Assist with removing Velcro wraps and stockings, rinse stockings and hang dry	01940		

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01940	Continued From page 31 On March 10, 2026, at 10:29 a.m., ULP-D prepared to apply R4's compression stockings and Velcro wraps. ULP-D showed the surveyor R4's compression stockings and stated they were two different sizes due to the difference in swelling between R4's right and left legs. ULP-D stated the right leg wears the stocking label "L-T" and the left leg wears the label "X-T". The surveyor noted that each wrap had two Velcro strips that had three options to use (20-30 written in blue, 30-40 written in green and 40-50 written in pink). The surveyor inquired what the three options were for, and ULP-D stated she wasn't sure and that it had never been explained to her before. ULP-D applied R4's compression stockings, then applied the Velcro wraps, the right wrap was secured at the 30-40 option, and the left wrap was secured at the 20-30 option. ULP-D then applied compression boots to both feet. On March 11, 2026, at 8:36 a.m., RN-I stated the ULP were to assist R4 with applying the correct compression stockings to each lower extremity and then apply the Velcro wraps to each leg and set the Velcro at the "blue compression" which is how much compression was ordered for the wraps. RN-I stated after applying the Velcro wraps, the ULP would apply the compression boots to each foot. The surveyor asked how the ULP knew the above steps for applying R4's compression stockings, Velcro wraps and compression boots. RN-I stated the specific instructions were listed on the service task the ULP signed off on. The surveyor read to RN-I what was included in the instructions listed within the compression stockings/Velcro/ace wraps task and RN-I stated the instructions did not include the specific steps to be followed for R4's compression stockings, Velcro wraps and compression stockings. RN-I provided the	01940		

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01940	Continued From page 32 document labeled "Delegation of lower extremity Velcro wraps" that was created and used when training and competency tested the ULP. RN-I stated the step by step instructions from this document should be listed on the service task for the ULP to follow. RN-I stated she would update the service task to include the specific instructions and would also make a copy of the instructions to keep in R4's locked medication cabinet in R4's apartment. R4's treatment management plan lacked specific resident instructions relating to the treatments or therapy administration of R4's compression stockings, Velcro wraps and compression boots. R4's undated, Delegation of lower extremity Velcro wraps documented included the following instructions: 1. Review resident care plan for special instructions. 2. Gather and assemble supplies and/or equipment: Velcro style compression garments and stockinette (if applicable). 3. Knock on door before entering room, wait to gain entrance 4. Identify self and ask permission to perform tasks 5. Identify and verify correct resident 6. Face the resident and speak clearly, slowly and directly, explain the task 7. Perform hand hygiene and apply PPE (if necessary) 8. Assist resident to a safe and comfortable position. Use proper body mechanics 9. Make sure lower legs and feet are clean and dry. Report any noted skin breakdown or changes to the RN. Apply lotion prior to apply garments. 10. Apply tan stockings to lower legs a. Right leg wears the "L-T"	01940		

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01940	Continued From page 33 b. Left leg wears the "X-T" 11. Apply Velcro style compression garment foot piece ensuring the heel is located in the proper location. Secure the Velcro near the toes first and then the ankle (if applicable) 12. Slide Velcro garment onto leg with stretch pane in front (with garment tag in back) 13. Beginning with the straps nearest the ankle, gently lay the straps closed over the leg without applying compression (make sure minimal strap overlap and no gaps between straps) 14. Apply one accutab (tan individual Velcro tabs) per Velcro strap at the end with the words closest to the Velcro strap 15. Pull each strap to the designated "20-300 mmhg" tightest 16. Check for any wrinkles or gaps 17. Ask resident if they are comfortable 18. RN instructions specific to this garment after review of the manufacturer directions for specifics not included in the delegated procedure: a. Put Velcro shoes tightly on feet to provide pressure on tops of feet b. Ensure garments are 1-2 fingers below knee crease to prevent skin irritation 19. RA is to observe and report any of the following to the RN immediately: a. Pain unusual to the resident's normal function b. Swelling in the toes c. Discoloration of the toes d. Tingling or numbness in the legs e. Any form of drainage from the leg 20. Dispose of soiled items, supplies and equipment per policy 21. Remove and dispose of gloves, PPE and perform hand hygiene 22. Position resident in a safe and comfortable position 23. Ensure emergency call system device is	01940		

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01940	Continued From page 34 within reach (if applicable) as well as personal items requested 24. Ask if there is anything else you can do 25. Document as required 26. Notify nurse of any change in condition. The document also had sample pictures of the wraps attached to the document. The licensee's Treatment and Therapy Management policy dated March 7, 2023, indicated the licensed staff will update the assessment, care plan, functional assessment, and service plan as applicable. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure treatment or therapies were administered as prescribed, or to document	01960		

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01960	Continued From page 35 the reason they were not provided for one of four residents (R4). 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: R4 was admitted on September 18, 2024, with diagnoses that included behavioral variant frontotemporal dementia (a progressive neurodegenerative disease-causing significant personality changes, apathy, and loss of empathy due to frontal/temporal lobe atrophy) R4's service plan (also used as the treatment management plan) dated March 2, 2026, indicated R4 received services to include standard assistance AM and PM, incontinence assistance, showers, walking/exercise program, twice daily blood pressure checks, daily weights, stockings/Velcro/Ace wraps, medication administration. R4's service recap summary dated March 2026, included the following: -Compression stockings/Velcro/ace wraps with AM or PM cares: Assist with putting on stockings and Velcro compression wraps on bilateral lower extremities and feet. Ensure stockings are dry before putting ton on. Notify nurse if legs and/or feet are red, warm, or painful to touch, new open areas, or new/worsening edema (swelling).	01960		

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TIMBER HILLS	6305 BURNHAM CIRCLE INVER GROVE HEIGHTS, MN 55076

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01960	Continued From page 36 -Assist with removing Velcro wraps and stockings, rinse stockings and hang dry On March 10, 2026, at 10:29 a.m., unlicensed personnel (ULP)-D prepared to apply R4's compression stockings and Velcro wraps. ULP-D showed the surveyor R4's compression stockings and stated they were two different sizes due to the difference in swelling between R4's right and left legs. ULP-D stated the right leg wears the stocking label "L-T" and the left leg wears the label "X-T". The surveyor noted that each wrap had two Velcro strips that had three options to use (20-30 written in blue, 30-40 written in green and 40-50 written in pink). The surveyor inquired what the three options were for, and ULP-D stated she wasn't sure and that it had never been explained to her before. ULP-D applied R4's compression stockings, then applied the Velcro wraps, the right wrap was secured at the 30-40 option, and the left wrap was secured at the 20-30 option. ULP-D then applied compression boots to both feet. ULP-D did not secure the right Velcro wrap to the ordered compression of 20-30 written in blue. On March 11, 2026, at 8:36 a.m., RN-I stated the ULP were to assist R4 with applying the correct compression stockings to each lower extremity and then apply the Velcro wraps to each leg and set the Velcro at the "blue compression" which is how much compression was ordered for the wraps. RN-I stated after applying the Velcro wraps the ULP would apply the compression boots to each foot. RN-I stated ULP-D did not apply R4's right Velcro wrap to the correct compression. The licensee's Treatment and Therapy	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21981	A. BUILDING: _____ B. WING _____	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER HILLS	6305 BURNHAM CIRCLE INVER GROVE HEIGHTS, MN 55076

(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
01960	Continued From page 37 Management policy dated March 7, 2023, before performing the procedures, the RN has instructed the resident assist in the proper methods to administer the treatment and therapy and the resident assistants have demonstrated the ability to competently follow the procedures. The RN has developed written, specific instructions for each resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		

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

Timber Hills
6305 Burnham Circle
Inver Grove Heights, MN 55076
Dakota County
Parcel:

Phone:

License Info

License: HFID 21981

Risk:
License:
Expires on:
CFPM: Debra Ann Miller
CFPM #: 57240; Exp: 3/7/2028

Inspection Info

Report Number: F7963261038
Inspection Type: Full - Single
Date: 3/10/2026 Time: 1:00 PM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 3
Delivery: Emailed

! **New Order: 3-300B Protection from Contamination: cross-contamination, eggs**
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: MAIN KITCHEN- RAW SHELL EGGS STORED ABOVE READY TO EAT FOODS IN TWO DOOR COOLER. EGGS MOVED AT TIME OF INSPECTION.
Comply By: Complied On Site Originally Issued On: 3/10/2026

New Order: 4-600 Cleaning Equipment and Utensils
4-602.11D7 *Priority Level: Priority 3 CFP#: 16*
MN Rule 4626.0845D7 Clean in-use utensils that are stored in water, which is maintained at 135 degrees F or more, at least every 24 hours or frequently enough to preclude accumulation of soil residues.
COMMENT: MAIN KITCHEN ICE CREAM SCOOPS STORED IN WATER THAT WAS AT 127 DEG F. CHANGED WATER ON SITE WHICH TEMPED AT 178 DEG F.
Comply By: Complied On Site Originally Issued On: 3/10/2026

New Order: 6-100 Physical Facility Construction Materials
6-101.11A1 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1325A1 Provide smooth, durable, and easily cleanable floor, wall and ceiling surfaces.
COMMENT: MAIN KITCHEN AND SERVING AREA- BROKEN/DAMAGED FLOOR TILES UNDER EQUIPMENT ON MAIN LINE AND OTHER AREAS. EXISTING FLOORS IN WALKWAYS IS AN EPOXY PRODUCT WITH TEXTURE THAT IS DIFFICULT TO KEEP CLEAN. REPAIR/REPLACE.
Comply By: 3/10/2027 Originally Issued On: 3/10/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT: MAIN KITCHEN AND SERVING AREA- FLOOR DRAIN TROUGH ON COOKING LINE AND FLOORING UNDER EQUIPMENT AND EDGES OF FLOORING ARE DIRTY. CLEAN AND KEEP CLEAN.
Comply By: 3/17/2026 Originally Issued On: 3/10/2026

Food & Beverage General Comment

MET WITH ESTABLISHMENT REPRESENTATIVE SAM MILLER AND MDH NURSE SURVEYOR KASSIE MARKING.
THIS IS A COMMERCIAL SPACE WITH THE FOLLOWING AREAS-
-MAIN KITCHEN WITH SERVING AREA AND DINING ROOM
-DELI AREA THAT SERVES HOT MEALS

-CONVENIENCE STORE
-ARBOR MEMORY CARE KITCHEN
-MEMORY CARE SERVING KITCHEN

DISCUSSED THE FOLLOWING-
-EMPLOYEE ILLNESS POLICY AND LOG
-REPORTABLE DISEASES
-VOMIT/FECAL CLEAN UP POLICY
-PHYSICAL FACILITIES
-MANY SOUPS/SAUCES/MEATS ARE BROUGHT IN FROM MAIN COMMISSARY LOCATED AT 1375 TERRACE DR, ROSEVILLE

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 F7963261038 from 3/10/2026

Sam Miller
Nutrition and Culinary Services Director

Peggy Spadafore,
Public Health Sanitarian Supervisor
651-201-3979
peggy.spadafore@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

Timber Hills
Inver Grove Heights
County/Group: Dakota County

Inspection Info

Report Number: F7963261038
Inspection Type: Full
Date: 3/10/2026
Time: 1:00 PM

Food Temperature: Product/Item/Unit: UTENSIL STORAGE WATER**; Temperature Process:**
Location: MAIN SERVING KITCHEN at 127 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: EGG BAKE**; Temperature Process:**
Location: MEM CARE at 172 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: SWEET POTATO**; Temperature Process:**
Location: MEM CARE at 163 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:**
Location: MEM CARE COOLER at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:**
Location: DELI at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: SOUP**; Temperature Process:**
Location: DELI at 174 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: COOLER**; Temperature Process:**
Location: AMBIENT- CONVENIENCE STORE at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: SWEET POTATO**; Temperature Process:**
Location: MAIN SERVING KITCHEN at 173 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: EGG BAKE**; Temperature Process:**
Location: MAIN KITCHEN HOT CABINET at 194 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:**
Location: MAIN SERVING KITCHEN at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: VEG SOUP**; Temperature Process:**
Location: WALKIN at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: WHITE CHILI**; Temperature Process:**
Location: WALKIN at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHICKEN NOODLE SOUP**; Temperature Process:**
Location: WALKIN at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: UTENSIL STORAGE WATER**; Temperature Process:**
Location: MAIN SERVING KITCHEN at 178 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
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St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

Timber Hills
Inver Grove Heights
County/Group: Dakota County

Inspection Info

Report Number: F7963261038
Inspection Type: Full
Date: 3/10/2026
Time: 1:00 PM

Sanitizing Chemical: Product: Sink and Surface**; Sanitizing Process:**
Location: MEM CARE **Equal To** 700 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: Product: Hot Water**; Sanitizing Process:**
Location: MEM CARE DISHWASHER RINSE **Equal To** 166 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: Product: Hot Water**; Sanitizing Process:**
Location: MAIN KITCHEN DISHWASHER **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: Product: Sink and Surface**; Sanitizing Process:**
Location: MAIN KITCHEN DISPENSER **Equal To** 700 PPM
Comment:
Violation Issued?: No