



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 25, 2026

Licensee
Tree of Life Assisted Living
632 Main Street
New Munich, MN 56356

RE: Project Number(s) SL30392016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 4, 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.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

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

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

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

pursuant to this survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$1,000.00

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$2,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

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

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you

may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Kelly Thorson". The ink is dark and the signature is fluid.

Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30392	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/04/2026
NAME OF PROVIDER OR SUPPLIER TREE OF LIFE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 632 MAIN STREET NEW MUNICH, MN 56356			
(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: SL30392016-0 On August 31, 2026 through September 2, 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 15 resident(s); 15 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. 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 surveyors' 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 subd. 1, 2, and 3.		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food	0 480			

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1 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 allowed provided the facility keeps them clean	0 480			

Minnesota Department of Health

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0 480	Continued From page 2 and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September, 31, 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			
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living contract. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect	0 485			

Minnesota Department of Health

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0 485	Continued From page 4 a large portion or all of the residents). The findings include: During the entrance conference on August 31, 2026, at 10:30 a.m., licensed assisted living director (LALD)-B confirmed she was familiar with the current minimum assisted living requirements. LALD-B stated the licensee resident agreement contract did include three meals but did not have an option for residents to not accept all meals for a reduced charge. Licensee's resident agreement that was used by all residents included the following in the base fee: - Three meals daily with snacks available seven days per week - Weekly housekeeping - Weekly laundry service - Upon request of the resident, assist with arranging for transportation to medical and social service appointments, shopping, and other recreation. Requests can be made to the Assisted Living Director - Upon request of the resident, assist with accessing community resources and social services available in the community. Requests can be made to the Assisted Living Director - A daily program of social and recreational activities that are based on individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large - Private room rent - Call pendant - Utilities The assisted living contract lacked an option for residents to opt out of payment of meals for a	0 485			

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0 485	Continued From page 5 reduced fee. The Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQs) website, last updated April 17, 2026, indicated the provider cannot have a blanket "one size fits all" meal charge. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485			
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain a Tuberculosis (TB) infection control program based on the Centers for Disease Control (CDC)	0 660			

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0 660	Continued From page 6 and Minnesota Department of Health (MDH) guidelines to include documentation of baseline screening and a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test, for one of two employees (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a 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: The licensee TB risk assessment completed April 15, 2026, indicated the facility was at low risk for TB transmission. ULP-C began employment on November 25, 2025, to provide direct care and services under the licensee's assisted living license. ULP-C's record indicated a two step TST test with dates of July 23, 2025 and August 4, 2025. Records failed to include dates given and read to show results were read in required time frame. ULP-C's record failed to include a baseline screening. On September 2, 2026, at 9:20 a.m. clinical nurse supervisor (CNS)-A stated ULP-C had a TST at a previous place of employment and brought the records with upon hire. CNS-A confirmed she did not have ULP-C complete a baseline screening for TB. CNS-A confirmed ULP-C's TST was completed over 90 days prior to hire.	0 660			

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0 660	Continued From page 7 The Minnesota Department of Health guidelines Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include annual facility TB risk assessment. The guidelines also indicated an employee may begin working with patients (residents) after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the healthcare worker starts working with patients. Baseline TB screening should be documented in the employees' record. Licensee TB Prevention and Control policy dated January 12, 2026, indicated staff would be screened for TB symptoms and tested for TB before working in any areas where there is potential contact with residents. A staff member can present a two-step TST with negative results or negative blood test completed within 90 days of hire as proof of a negative result. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
0 775 SS=I	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced	0 775			

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0 775	Continued From page 8 by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 1, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: TWO (2) days.	0 775			
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	0 810			

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0 810	Continued From page 9 (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the 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	0 810			

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0 810	Continued From page 10 portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 1, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: SEVEN (7) days.	0 810			
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 maintain current medication orders for one of one resident (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:	01820			

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01820	Continued From page 11 R4's signed service agreement dated January 21, 2025, indicated R4 would receive bathing assistance twice a week, medication administration twice a day, and assistance with TED stockings (compression socks) twice a day. R4's clinical update assessment dated August 31, 2026, indicated R4 needed full medication management and setup. On September 1, 2026 at 8:45 a.m., the surveyor observed, unlicensed personnel (ULP)-D apply Biofreeze pain relief cream and compression socks to R4's legs. R4's current medication orders report dated September 1, 2026, indicated Voltaren topical medication to right knee and right shoulder two times a day for pain. Medication orders failed to include Biofreeze pain relief cream. On September 1, 2026, at 1:40 p.m., ULP-D stated she did use Biofreeze instead of the Voltaren medication on R4's legs. ULP-D stated she prefers to use Biofreeze after showers on R4's legs. On September 2, 2026 at 9 a.m., clinical nurse supervisor (CNS)-A confirmed R4 did not have an order for Biofreeze on her medication orders. CNS-A stated it was an over-the-counter medication but it would be nice to know what the ULPs were applying and how often. Licensee's policy for Medication and Treatment Orders dated May 13, 2026, indicated all medications and treatments would have an appropriate prescriber order in the resident's record.	01820			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30392	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/04/2026
NAME OF PROVIDER OR SUPPLIER TREE OF LIFE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 632 MAIN STREET NEW MUNICH, MN 56356			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
01820	Continued From page 12 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure all medications were securely locked in substantially constructed compartments permitted only authorized personnel to access. This had the potential to affect all residents. 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's clinical update assessment dated August 31, 2026, indicated R4 needed full medication management and setup and all medications were stored in a locked medication cart.	01880			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30392	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/04/2026
NAME OF PROVIDER OR SUPPLIER TREE OF LIFE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 632 MAIN STREET NEW MUNICH, MN 56356			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
01880	Continued From page 13 On September 1, 2026 at 8:45 a.m. the surveyor observed unlicensed personnel (ULP)-D apply Biofreeze pain relief cream and compression socks to R4's legs. Biofreeze was in R4's room on a bedside table when ULP-D entered the room. ULP-D left Biofreeze in R4's room when finished. On September 2, 2026 at 9:00 a.m., clinical nurse supervisor (CNS)-A stated all of R4's medications should have been stored in the medication cart and not in the resident's room. The licensee's Medication Storage policy dated January 12, 2026, indicated the RN would develop an individualized medication management plan that includes storage of medications for residents based on an assessment of the resident's functional and cognitive status. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880			
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	01890			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30392	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/04/2026
NAME OF PROVIDER OR SUPPLIER TREE OF LIFE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 632 MAIN STREET NEW MUNICH, MN 56356		
(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
01890	Continued From page 14 review, the licensee failed to monitor for expired medications for one of one (R5). 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: R5 was admitted on October 27, 2015, and diagnoses of epilepsy (a brain disorder with recurrent, unprovoked seizures caused by abnormal electrical activity in the brain), hemiparesis affecting dominant side (weakness on one side of the body), and anxiety. R5's current medication list dated September 1, 2026, included diazepam (a medication used to treat a variety of conditions including anxiety and seizures) 1 milliliter (ml) by mouth, with instructions to take one vial by mouth daily as needed for breakthrough seizures or anxiety. On September 1, 2026, at 8:15 a.m. the surveyor observed the medication cart. Unlicensed personnel (ULP)-C opened double locked controlled substances drawer which contained a box of pre-drawn syringes. The box was labeled with the resident's (R5) name, the medication (Diazepam) and the dose. Expiration date was not included. Individual syringes were not labeled. ULP-C stated the clinical nurse supervisor (CNS)-A would prepare the syringe and put them in the medication cart for use when	01890			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30392	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/04/2026
NAME OF PROVIDER OR SUPPLIER TREE OF LIFE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 632 MAIN STREET NEW MUNICH, MN 56356			
(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
01890	Continued From page 15 needed. On September 1, 2026, at 11:45 a.m., CNS-A confirmed she draws up R5's Diazepam, which was used for breakthrough seizures. CNS-A was unsure when the last time she drew up medication for R2 and confirmed the syringes were undated. CNS-A stated she was unsure how long the medication was good for once it was drawn up. Licensee's narcotic book included two entries for R5's diazepam. The first entry had a date received of July 20, 2023, an entry of 8 syringes being drawn up, and a destruction date of December 12, 2023, with a reason for destruction as medication expired. The second narcotic book entry for R5's diazepam included a received date of June 24, 2025, and remained unopened. On September 1, 2026, at 2:30 p.m., CNS-A confirmed the first bottle of diazepam was destroyed, and the other bottle was unopened. CNS-A was unsure when the syringes were drawn up and from which bottle. CNS-A confirmed there was no documentation in R5's resident record that indicated additional syringes of diazepam were drawn up. The licensee's Medication Administration System Dosage Box Set-up policy dated January 22, 2026, indicated the registered nurse (RN) or licensed practical nurse (LPN) would review the dosage boxes and medication administration record on a regular basis to assure all previous weeks' medications were administered as prescribed. No information was provided for as needed medication set-up and tracking.	01890			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30392	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/04/2026
NAME OF PROVIDER OR SUPPLIER TREE OF LIFE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 632 MAIN STREET NEW MUNICH, MN 56356			
(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
01890	Continued From page 16 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890			



St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

TREE OF LIFE ASSISTED LIVING
632 Main St
New Munich, MN
Stearns County
Parcel:

Phone:
treeoflife@albanytel.com

License Info

License: HIFD 30392

Risk:
License:
Expires on:
CFPM: TINA VALERIUS
CFPM #: 80801; Exp: 6/3/2027

Inspection Info

Report Number: F1037261252
Inspection Type: Full - Single
Date: 8/31/2026 Time: 11:41:48 AM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery: Emailed

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.111C *Priority Level: Priority 2 CFP#: 38*

MN Rule 4626.1565C Use approved trapping devices or other means of pest control when pests are found.

COMMENT: UNAPPROVED FLY STRIPS WERE IN USE IN THE KITCHEN AREA. DISCONTINUE USE OF FLY STRIPS.
CONSULT WITH A PEST CONTROL COMPANY TO PROVIDE FLY CONTROL TRAPS APPROVED FOR USE IN A
FOOD ESTABLISHMENT THAT SELF CONTAINS THE DEAD FLIES.

Comply By: 9/14/2026 Originally Issued On: 8/31/2026

Food & Beverage General Comment

DISCUSSED MENU, HIGH RISK FOOD ITEMS, EMPLOYEE ILLNESS RECORDING, COOLING, REHEATING,
DISHWASHING, WIPING CLOTHS, HAND WASHING, AND BARE HAND CONTACT. ALL HOT FOODS ARE PREPARED
FOR SAME DAY SERVICE.

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 St Cloud District Office inspection report number F1037261252 from 8/31/2026

TINA

Michelle Hovanes,
Public Health Sanitarian 2
320-223-7307
michelle.hovanes@state.mn.us



St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Temperature Observations/Recordings

Page: 1

Establishment Info

TREE OF LIFE ASSISTED LIVING
New Munich
County/Group: Stearns County

Inspection Info

Report Number: F1037261252
Inspection Type: Full
Date: 8/31/2026
Time: 11:41:48 AM

Food Temperature: **Product/Item/Unit:** PACKAGED CUT CABBAGE; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 38 Degrees F.

Comment: FRIDGE ONE

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** CHICKEN BREAST; **Temperature Process:** Cooking

Location: Oven at 189 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** PEAS; **Temperature Process:** Cooking

Location: Stove at 205 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** RICE; **Temperature Process:** Cooking

Location: Stove at 140 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** PACKAGED SHREDDED CHEESE; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 38 Degrees F.

Comment: FRIDGE THREE

Violation Issued?: No

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

Location: Upright Cooler at 40 Degrees F.

Comment: FRIDGE TWO

Violation Issued?: No



St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Sanitizer Observations/Recordings

Page: 1

Establishment Info

TREE OF LIFE ASSISTED LIVING
New Munich
County/Group: Stearns County

Inspection Info

Report Number: F1037261252
Inspection Type: Full
Date: 8/31/2026
Time: 11:41:48 AM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 168.6 Degrees F.

Comment:

Violation Issued?: No

Minnesota (MDH) Version EH Manager; RPT: F1037261252		Food Establishment Inspection Report		Page 1 of 1	
 St Cloud District Office Minnesota Department of Health 4140 Thielman Lane, Suite 101 St Cloud, MN 56301		No. of Risk Factor/Intervention/Violations		0	Date: 8/31/2026
		No. of Repeat Risk Factor/Intervention/Violations			Time: 11:41:48 AM
		Score (optional)			Dur: min
Establishment: TREE OF LIFE ASSISTED LIVING		Address: 632 Main St		City/State: New Munich, MN	Zip: Phone:
License/Permit #: HIFD 30392		Permit Holder:		Purpose of Inspection: Full	Est. Type: Risk Category:
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
Designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable					
Compliance Status		COS	R		
Supervision					
1	IN	Person in charge present, demonstrate knowledge and performs duties			
2	IN	Certified Food Protection Manager			
Employee Health					
3	IN	knowledge, responsibilities, and reporting			
4	IN	Proper use of restriction and exclusion			
5	IN	Response to vomiting, diarrheal events			
Good Hygienic Practices					
6	IN	Proper eating, tasting, drinking, tobacco use			
7	IN	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN	Hands clean and properly washed			
9	IN	No bare hand contact with RTE foods, alternatives			
10	IN	Adequate handwashing sinks supplied and access			
Approved Source					
11	IN	Food obtained from approved source			
12	N/O	Food Received at proper temperature			
13	IN	Food in good condition, safe & unadulterated			
14	N/A	Records available: shellstock tags, parasite dest.			
Protection From Contamination					
15	IN	Food separated and protected			
16	IN	Food-contact surfaces; cleaned & sanitized			
17	IN	Proper Disposition of returned, previously served, reconditioned, & unsafe food			
Time/Temperature Control for Safety					
18	IN	Proper cooking time & temperatures			
19	N/O	Proper reheating procedures for hot holding			
20	N/O	Proper cooling time and temperature			
21	N/O	Proper hot holding temperatures			
22	IN	Proper cold holding temperatures			
23	IN	Proper date marking & disposition			
24	N/A	Time as public health control; procedures & record			
Consumer Advisory					
25	N/A	Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
26	IN	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	N/A	Food additives; approved & properly used			
28	IN	Toxic substances properly identified; stored; used			
Conformance with Approved Procedures					
29	N/A	Compliance with variance, specialized processes & HACCP plan			
Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury					
GOOD RETAIL PRACTICES					
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Mark "X" or OUT in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
COS		R			
Safe Food and Water					
30	IN	Pasteurized eggs used where required			
31		Water & ice from approved source			
32	N/A	Variance obtained for specialized processing methods			
Food Temperature Control					
33		Proper cooling methods used; adequate equipment for temperature control			
34	N/O	Plant food properly cooked for hot holding			
35	IN	Approved thawing methods used			
36		Thermometers provided & accurate			
Food Identification					
37		Food properly labeled; original container			
Prevention of Food Contamination					
38	X	Insects, rodents, & animals not present; no unauthorized person			
39		Contamination prevented during food prep, storage, & display			
40		Personal cleanliness			
41		Wiping cloths: properly used & stored			
42		Washing fruits & vegetables			
Person in Charge (signature)					
Inspector (signature) <i>Michael J. Aronow</i>					
Follow-up: Follow-up Date:					

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL30392016	Date: 9/1/2026
Facility Name: Tree of Life Assisted Living	
Facility Address: 632 Main St. New Munich, MN 56356	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 3; Widespread

TIME PERIOD OF CORRECTION: Two (2) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]
2. Emergency lighting shall be maintained in accordance with section 108 and shall be inspected and tested in accordance with sections [1031.10.1 and 1031.10.2]

Comments: Upon testing the emergency light in the basement, it was found that the light was dim and appeared to not be working correctly. LALD-B stated that these lights are tested annually.

3. Egress doors shall be readily operable from the egress side without the use of a key or special knowledge. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.2]

Comments: All of the emergency exit doors require a code to unlock these doors. Staff had knowledge of the code but some of the residents did not. This Assisted Living Facility was not equipped with a sprinkler system.

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

Comments: The fire door on the main floor in between the dining room and living room was propped open with a door wedge.

5. Gates used as a component in a means of egress shall meet the same requirements for doors. Egress doors shall be readily operable from the egress side without the use of a key or special knowledge. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.2; MSFC 1010.1.9]

Comments: There were three gates at the top of the staircases that required special knowledge to operate the latch to open them. LALD-B stated that these gates were put into place due to the residents' safety.

The emergency exit door in the dining room leads into a fenced courtyard. The courtyard exits had a lock that required a key to unlock the gate. Licensed assisted living director (LALD)-B stated that the gate was not tied into the building's fire alarm system and would not unlock during a fire or other emergency.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

Comments: The licensee failed to develop the fire safety and evacuation plan (FSEP) with site 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 plan included generic actions like "leave the building using designated escape routes" and "assemble in the designated area by the bandstand in the church parking lot." but had no specific directions on what staff should do to evacuate residents in a fire emergency.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

Comments: The licensee failed to develop the fire safety and evacuation plan (FSEP) with site specific resident actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks.