



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 9, 2025

Licensee

Heart To Home Incorporated

2370 Rogers Avenue

Mendota Heights, MN 55120

RE: Project Number(s) SL33531016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 18, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor

State Evaluation Team

Email: Jodi.Johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33531	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER HEART TO HOME INCORPORATED			STREET ADDRESS, CITY, STATE, ZIP CODE 2370 ROGERS AVENUE MENDOTA HEIGHTS, MN 55120		
(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: SL33531016-0 On November 17, 2025, through November 18, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were six residents; six 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.		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to	01640			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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01640	Continued From page 1 (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of one resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).	01640			

Minnesota Department of Health

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01640	Continued From page 2 The findings include: R2 was admitted August 8, 2022, with diagnoses that included legally blind. On November 18, 2025, at 8:14 a.m., the surveyor observed unlicensed personnel (ULP)-E administer R2's morning medications. R2's service plan dated August 8, 2022, indicated R2 received assistance with bathing, behavioral management, dressing, housekeeping, laundry, linen change, meal assistance, medication administration, mobility, safety check, and toileting. In addition, there was hand written services of exercise and crossed out frequency from twice daily with handwritten nine times daily. R2's service plan did not include skin care and care for personal possession assist. On November 18, 2025, at 1:22 p.m., clinical nurse supervisor (CNS)-B stated R2's service plan did not reflect the current services provided to R2 as listed above. CNS-B stated the service plan did not get updated with the revisions and should have. The licensee's Service Plan Modifications policy dated August 1, 2023, indicated if the service plan needs to be modified due to a change in a prescribe order or a change in the resident's needs, an updated Service Plan will be completed to include: -describe changes in service and whether the service is added (new), changed or discontinued -frequency of new service or if service is terminated -identification of the staff who will perform the service	01640			

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01640	Continued From page 3 -schedule and methods of monitoring staff -fee for the service -date/signature of licensed nurse making changes -date/signature of resident or the resident's representative each time a modification is made that will affect the resident fee. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored securely for all residents with medication management services. This had the potential to affect the licensee's current residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).	01880			

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01880	Continued From page 4 The findings include: On November 18, 2025, at 8:14 a.m., the surveyor observed unlicensed personnel (ULP)-E administer R2's morning medications. The surveyor observed the key to the facility medication cupboard hanging on a tack in the main living area where ULP-E obtained the key to open medication cupboard. The cupboard contained multiple medications prescribed to residents of the licensee and was available to the residents, staff, and visitors. On November 18, 2025, at 9:45 a.m., clinical nurse supervisor (CNS)-B stated the medication key is not hanging on the wall and usually is placed in a drawer available for staff to access only. The licensee's Medication Storage policy dated August 1, 2021, indicated when medications are managed and stored by the licensee, medications will be kept securely locked and only authorized staff will have access to stored medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880			



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

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Establishment Info

HEART TO HOME INCORPORATED
2370 ROGERS AVENUE
Mendota Heights, MN 55120
Dakota County
Parcel:

Phone:
josh@hearttohomeinc.com

License Info

License: HFID 33531

Risk:
License:
Expires on:
CFPM: Joshua Cesaro-Moxley
CFPM #: 74507; Exp: 8/13/2026

Inspection Info

Report Number: F1031251179
Inspection Type: Full - Single
Date: 11/17/2025 Time: 10:30am
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

Nurse Evaluator on site: Jenn Panitzke

All violations discussed with PIC during the inspection.

NOTES:

- Establishment has a residential kitchen (4626.0506(G)(2)) Same-day service only. No saving and reheating of foods or preparation of foods the day prior to eating. Any remaining food from meals to be removed/discarded at end of day.
- Est. uses an approved Clorox spray cleaner.
- Establishment does not have pasteurized eggs and does not prepare eggs for consumption under 145F. Purchase pasteurized eggs if intending to serve eggs undercooked.
- Make sure to datemark any prepared cold items that are kept in refrigerator.
- Cutting boards should be utilized as food contact surfaces and not counters or plates.
- Establishment needs to check dish washer utensil temperature weekly (160F required). If utensil temp not reaching 160F, use washer to wash/rinse and sink basin with sanitizer solution to sanitize dishes then air dry, as discussed during inspection.
- Hand washing station is available adjacent to kitchen.
- When cooking/preparing food, make sure to use a thin-probe thermometer to check temperatures.

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 F1031251179 from 11/17/2025

Joshua Cesaro-Moxley
Food Service Director

Chris Foster, REHS/RS
Public Health Sanitarian 3

651-201-4728
chris.j.foster@state.mn.us



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

Temperature Observations/Recordings

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Establishment Info	Inspection Info
HEART TO HOME INCORPORATED	Report Number: F1031251179
Mendota Heights	Inspection Type: Full
County/Group: Dakota County	Date: 11/17/2025
	Time: 10:30am

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

Location: Refrigerator 2 at 40 Degrees F.

Comment:

Violation Issued?: No

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

Location: Refrigerator 1 at 40 Degrees F.

Comment:

Violation Issued?: No



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Sanitizer Observations/Recordings

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Establishment Info	Inspection Info
HEART TO HOME INCORPORATED	Report Number: F1031251179
Mendota Heights	Inspection Type: Full
County/Group: Dakota County	Date: 11/17/2025
	Time: 10:30am

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine 1 (center island)

Location: Kitchen **Equal To** 160 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine 2

Location: Kitchen **Equal To** 160 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Clorox Spray ; **Sanitizing Process:** Spray Bottle

Location: Kitchen **Equal To** 50 PPM

Comment:

Violation Issued?: No