Electronically Delivered

February 24, 2026

Licensee
Empowerment Healthcare
7517 69th Avenue North
Brooklyn Park, MN  55428

RE:  Project Number(s) SL26323016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 14, 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 . . ."

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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

CLN

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 26323 | A. BUILDING: _____ B. WING _____ | 01/14/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| EMPOWERMENT HEALTHCARE | 7517 69TH AVENUE NORTH BROOKLYN PARK, MN 55428 |

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| 0 000 | Initial Comments<br><br>*****ATTENTION*****<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL26323016-0<br><br>On January 12, 2026, through January 14, 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 three residents; three receiving services under the Assisted Living Facility license. | 0 000 | Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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<br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(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;<br>(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;<br>(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;<br>(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;<br>(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<br><br>allowed provided the facility keeps them clean and in good condition;<br>(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<br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated January 13, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. | 0 480 | | |

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| 0 480 | Continued From page 3<br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(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.<br>(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.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(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.<br>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. | 0 810 | | |

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| 0 810 | Continued From page 4<br><br>This MN Requirement is not met as evidenced by:<br>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.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 1/13/2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Twenty one (21) days. | 0 810 | | |
| 01370 SS=F | 144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn<br><br>(a) Training and competency evaluations for all unlicensed personnel must include the following:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility; | 01370 | | |

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| 01370 | Continued From page 5<br><br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal hygiene and grooming, including:<br>(i) hair care and bathing;<br>(ii) care of teeth, gums, and oral prosthetic devices;<br>(iii) care and use of hearing aids; and<br>(iv) dressing and assisting with toileting;<br>(6) training on the prevention of falls;<br>(7) standby assistance techniques and how to perform them;<br>(8) medication, exercise, and treatment reminders;<br>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br>(10) preparation of modified diets as ordered by a licensed health professional;<br>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;<br>(12) awareness of confidentiality and privacy;<br>(13) understanding appropriate boundaries between staff and residents and the resident's family;<br>(14) procedures to use in handling various emergency situations; and<br>(15) awareness of commonly used health technology equipment and assistive devices.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure all required competency evaluations were completed and documented for one of two unlicensed personnel ((ULP)-A). | 01370 | | |

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| 01370 | Continued From page 6<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>ULP-A was hired on March 21, 2024.<br><br>On January 13, 2026, at 9:45 a.m., the surveyor verified ULP-A was not listed on the Minnesota Nurse Aide Registry as a current certified nursing assistant.<br><br>The licensee's House Schedule dated January 2026, indicated ULP-A was assigned as the only staff to provide direct care to residents on January 13, 2026, from 3:00 p.m. to 11:00 p.m.<br><br>On January 13, 2026, at 3:21 p.m., the surveyor observed ULP-A was the only staff member at the facility to provide direct care to residents.<br><br>ULP-A's personnel record lacked evidence of completed competency evaluation for care and use of hearing aids.<br><br>On January 13, 2026, at 10:53 a.m., clinical nurse supervisor (CNS)-C stated they must have missed the hearing aid competency evaluation for ULP-A. CNS-C stated they had recently updated the licensee's orientation training form, but it must have been an oversight as it was not included on the updated form. CNS-C confirmed ULP-A did | 01370 | | |

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| 01370 | Continued From page 7<br><br>not have any competency evaluations completed for hearing aids.<br><br>The licensee's Assisted Living Orientation - ULP Staff policy dated January 1, 2025, indicated ULP's who were not a registered nursing assistant would receive additional training through written or oral competency test and a skill demonstration for care and use of hearing aids.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01370 | | |
| 01760 SS=D | 144G.71 Subd. 8 Documentation of administration of medication<br><br>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the license failed to ensure medication administration was documented accurately for one of one resident (R2). | 01760 | | |

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| 01760 | Continued From page 8<br><br>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).<br><br>The findings include:<br><br>R2 was admitted to the licensee on January 20, 2025, with a diagnosis of paranoid schizophrenia.<br><br>R2's Assisted Living Service Plan dated January 19, 2025, indicated R2 received assistance with medication administration.<br><br>R2's order dated December 11, 2025, indicated R2 was to receive olanzapine 10 milligrams (mg) two tablets per oral at bedtime. R2's olanzapine dosage was increased from 15 mg at bedtime to 20 mg at bedtime.<br><br>R2's Medication Administration Record (MAR) dated December 2025, indicated R2 started to receive olanzapine 20 mg one tablet by mouth at bedtime on December 15, 2025.<br><br>The licensee's Packing Slip dated December 12, 2025, indicated R2's olanzapine 20 mg tablets were delivered on December 12, 2025, with a quantity of twenty tablets. R2 had enough olanzapine to be administered from December 15, 2025, through January 3, 2026.<br><br>R2's MAR dated January 2026, indicated R2 received olanzapine 20 mg one tablet by mouth at | 01760 | | |

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| 01760 | Continued From page 9<br><br>bedtime January 1, 2026, through January 11, 2026, except R2 had refused the medication on January 7, 2026; and on January 8, 2026, the medication was not administered due to the medication not being available.<br><br>The licensee's Packing Slip dated December 24, 2025, indicated R2's olanzapine 20 mg tablets were delivered on December 24, 2025, with a quantity of twenty-eight tablets. R2 had enough olanzapine to be administered from January 4, 2026, through February 1, 2026. The licensee had medication available on site on January 8, 2026, but staff documented the medication was not available due to waiting for delivery.<br><br>On January 13, 2026, at 3:40 p.m., the surveyor observed the licensee's medication cart with unlicensed personnel (ULP)-A. The surveyor observed the medication cart had R2's olanzapine 15 mg tablets prepared in a blister pack from the pharmacy located along with other medications for R2. The surveyor observed twenty-four tablets out of twenty-eight tablets remained in the blister pack. The medication cart had a drawer that was used to store medications for all residents that were not currently being used for medication administration which the licensee referred to as the backup medication drawer. The surveyor observed the backup medication drawer had R2's olanzapine 20 mg tablets with a quantity of twenty-eight tablets out of twenty-eight tablets, which indicated none of the olanzapine 20 mg tablets were removed from the blister pack delivered on December 24, 2025. R2 did not receive olanzapine 20 mg from January 4, 2026, to January 11, 2026, as documented on R2's MAR dated January 2026.<br><br>On January 14, 2026, at 9:07 a.m., clinical nurse | 01760 | | |

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| 01760 | Continued From page 10<br><br>supervisor (CNS)-C stated the licensee's nurse had removed some of R2's olanzapine 15 mg tablets from the medication cart but did not check the cart for additional back up supply for R2's olanzaprine 15 mg tablets when this medication was discontinued. CNS-C stated the staff used up the olanzapine 20 mg tablets that were delivered on December 12, 2025, for a quantity of twenty tablets, but then got the backup supply of olanzapine 15 mg and administered that medication in error. CNS-C stated they had determined R2 got the wrong dose for eight days. CNS-C stated they had completed an incident report for the medication error.<br><br>The licensee's undated Medication Management policy indicated medication administration would be modeled on the six rights of medication safety by staff reviewing all blister packs for the current medication pass against the MAR for the right person, right medication, right dose, right time, right route, and right documentation. Also, the policy indicated a nurse would remove any discontinued medications from the medication cart.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01760 | | |

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

Empowerment Healthcare
7517 69TH AVENUE NORTH
Brook Park, MN 55428
Hennepin County
Parcel:

Phone:

## License Info

License: HFID 26323

Risk:
License:
Expires on:
CFPM: RENEE E. SANBORN
CFPM #: CFPM-21517; Exp: 06/09/2028

## Inspection Info

Report Number: F1005261016
Inspection Type: Full - Single
Date: 1/13/2026 Time: 10:10 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

**! New Order: 3-500B Microbial Control: hot and cold holding**

3-501.16A2 *Priority Level: Priority 1 CFP#: 22*

*MN Rule 4626.0395A2* Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: TCS FOODS IN THE KITCHEN REFRIGERATOR WERE ABOVE 41 DEGREES F. OPERATOR ADJUSTED FRIDGE TO A COLDER SETTING AND WILL VERIFY THAT FOOD TEMPERATURES COME TO 41 DEGREES F OR BELOW.

*Comply By: 1/13/2026 Originally Issued On: 1/13/2026*

# Food & Beverage General Comment

INSPECTION COMPLETED WITH PERSON IN CHARGE AND REVIEWED WITH HRD NURSING EVALUATOR RHAWNIE QUINEHAN.

DISCUSSED DATE MARKING, GLOVE USE, COOKING TEMPERATURES, CROSS-CONTAMINATION, AND EMPLOYEE ILLNESS.

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE.

OPERATOR TESTS THE TEMPERATURE OF THE DISHWASHER MONTHLY, AND THE LAST THERMOLABEL FROM 1/9/26 SHOWED THAT THE DISHWASHER PROVIDED A UTENSIL SURFACE TEMPERATURE OF AT LEAST 160 DEGREES F.

CABINETS ARE WOOD WITH HOLLOW BASE, COUNTERS ARE LAMINATE, AND THE CEILING HAS A POPCORN FINISH. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

**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 F1005261016 from 1/13/2026**

RENEE SANBORN
PIC

Jessica Davis, REHS
Public Health Sanitarian 3
651-201-3961
jessica.davis@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

Empowerment Healthcare
Brook Park
County/Group: Hennepin County

## Inspection Info

Report Number: F1005261016
Inspection Type: Full
Date: 1/13/2026
Time: 10:10 AM

**Food Temperature: Product/Item/Unit:** MILK**; Temperature Process:** Cold-Holding
**Location:** REFRIGERATOR at 46 Degrees F.
Comment:
*Violation Issued?: Yes*

**Food Temperature: Product/Item/Unit:** HOT DOG**; Temperature Process:** Cold-Holding
**Location:** REFRIGERATOR at 44 Degrees F.
Comment:
*Violation Issued?: Yes*

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

# Sanitizer Observations/Recordings



## Establishment Info

Empowerment Healthcare
Brook Park
County/Group: Hennepin County

## Inspection Info

Report Number: F1005261016
Inspection Type: Full
Date: 1/13/2026
Time: 10:10 AM

**Sanitizing Equipment**: **Product:** Hot Water**; Sanitizing Process:** DISHWASHER
**Location: Greater Than** 160 Degrees F.
Comment: AT LEAST 160 PER THERMOLABEL
*Violation Issued?: No*

DEPARTMENT OF HEALTH

# Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

| | |
|---|---|
| **Project No:** SL26323016 | **Date:** 1/13/2026 |
| **Facility Name:** Empowerment Healthcare | |
| **Facility Address:** 7517 69th Ave N, Brooklyn Park MN 55428 | |

☒ **TAG IDENTIFICATION: 0810**

**SCOPE/ SEVERITY:** Level 2; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

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

   *Comments: The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine and Extinguish or Evacuate) but failed to include procedures for how staff are to complete each step.*

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: Clinical nurse supervisor (CNS)-C stated that resident actions were addressed in a document labeled "Individual fire escape plan". The individual fire escape plan did not have any resident actions and instead stated that staff will instruct residents to evacuate once an alarm is sounded.*