



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

September 25, 2026

Licensee  
Oak Ridge Place  
6060 Oxboro Avenue North  
Oak Park Heights, MN 55082

RE: Project Number(s) SL30722016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 3, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH note 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**

**St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. 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 black ink, appearing to read "Casey DeVries". The signature is written in a cursive, flowing style.

Casey DeVries, Supervisor  
State Evaluation Team  
Email: Casey.DeVries@state.mn.us  
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK RIDGE PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6060 OXBORO AVENUE NORTH<br/>OAK PARK HEIGHTS, MN 55082</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                     |
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| 0 000                                                      | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95, these correction orders are<br/>issued pursuant to a survey.</p> <p>Determination of whether violations are corrected<br/>requires compliance with all requirements<br/>provided at the Statute number indicated below.<br/>When Minnesota Statute contains several items,<br/>failure to comply with any of the items will be<br/>considered lack of compliance.</p> <p>INITIAL COMMENTS</p> <p>SL30722016-0</p> <p>On August 31, 2026, through September 3, 2026,<br/>the Minnesota Department of Health conducted a<br/>full survey at the above provider and the following<br/>correction orders are issued. At the time of the<br/>survey, there were 72 residents; 49 receiving<br/>services under the Assisted Living Facility license.</p> | 0 000                                                                  | <p>Minnesota Department of Health is<br/>documenting the State Correction Orders<br/>using federal software. Tag numbers have<br/>been assigned to Minnesota State<br/>Statutes for Assisted Living Facilities. The<br/>assigned tag number appears in the far<br/>left column entitled "ID Prefix Tag." The<br/>state Statute number and the<br/>corresponding text of the state Statute out<br/>of compliance is listed in the "Summary<br/>Statement of Deficiencies" column. This<br/>column also includes the findings which<br/>are in violation of the state requirement<br/>after the statement, "This Minnesota<br/>requirement is not met as evidenced by."<br/>Following the evaluators' findings is the<br/>Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF<br/>THE FOURTH COLUMN WHICH<br/>STATES,"PROVIDER'S PLAN OF<br/>CORRECTION." THIS APPLIES TO<br/>FEDERAL DEFICIENCIES ONLY. THIS<br/>WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO<br/>SUBMIT A PLAN OF CORRECTION FOR<br/>VIOLATIONS OF MINNESOTA STATE<br/>STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS<br/>USED FOR TRACKING PURPOSES AND<br/>REFLECTS THE SCOPE AND LEVEL<br/>ISSUED PURSUANT TO 144G.31<br/>SUBDIVISION 1-3.</p> |  |                                                     |
| 0 480<br>SS=F                                              | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum<br>requirements; required food services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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<br><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                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 480                                                      | <p>Continued From page 2</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 31, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee on August 31, 2026.</p> | 0 480                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 510<br>SS=F                                              | <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p> <p><b>144G.41 Subd. 3 Infection control program</b></p> <p>(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.</p> <p>(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.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complied with accepted health care, medical and nursing standards for infection control. The deficient practice had the potential to affect all residents, employees, and visitors.</p> <p>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).</p> | 0 510                                                                                                   |                                                                                                                          |  |                                                        |

Minnesota Department of Health

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| 0 510                                                      | <p>Continued From page 4</p> <p>The findings include:</p> <p>R2 was admitted to the licensee on August 27, 2024.</p> <p>R2's Service Plan signed and dated February 1, 2026, indicated R2 received services for comfort checks, housekeeping, laundry, linen changes, meal plan, and medication package.</p> <p>R2's September 2026 Med Admin Summary (medication administration record (MAR)) indicated R2 was administered Humalog and Lantus insulin on August 1-31, and September 1, 2026.</p> <p>On September 1, 2026, at 11:18 a.m., the surveyor observed unlicensed personnel (ULP)-C administer Humalog insulin for R2. The surveyor observed a 360 piece Dubble Bubble 3.56 pound (lbs) bucket used for sharps disposal filled to approximately one inch from the top of the open bucket. The bucket contained used insulin pen needles and a variety of different style lancets (needle devices used to prick fingers for blood glucose (BG) blood samples). The surveyor observed ULP-C dispose of a Humalog insulin pen needle in the bucket after it was used. ULP-C stated they used the Dubble Bubble bucket to dispose of R2's used needles and lancets. ULP-C stated once the bucket was full, they would bring it downstairs and dispose of it in a different sharps container.</p> <p>On September 1, 2026, at 11:28 a.m., R2 stated all of their sharps went into the Dubble Bubble gum bucket. R2 stated it had been in use for a while and staff would empty it when it was full. R2 stated they had lived at the facility for 2 years and were pretty sure the bucket was the only disposal</p> | 0 510                                                                                                   |                                                                                                                          |  |                                                     |

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| 0 510                                                      | <p>Continued From page 5</p> <p>receptacle they had ever used. R2 stated the bucket did have a lid which they could use to put on the bucket.</p> <p>On September 1, 2026, at 11:29 a.m., the surveyor inquired with ULP-C to see if the medication cart had a sharps container of any kind. ULP-C showed the surveyor the sharps container on the end of the medication cart. The surveyor questioned why ULP-C wasn't using the sharps container on the cart; ULP-C stated they just used the one in the room. ULP-C stated they thought the facility may have been having a difficult time obtaining sharps containers. ULP-C stated they were unsure if any of the other resident rooms were using approved sharps containers or not.</p> <p>On September 1, 2026, at 11:33 a.m., the surveyor questioned licensed practical nurse (LPN)-E if they were aware of what kind of container was in use for R2's sharps disposal. LPN-E stated it was one of the tall red sharps containers with a lid. The surveyor showed LPN-E a picture of the Dubble Bubble bucket, LPN-E stated they did not realize the bucket was being used in place of an approved sharps container. LPN-E stated staff weren't always using the sharps container on the medication cart as it often required the ULPs to have to take the sharps out of the room and walk in the halls with the items. LPN-E stated the pharmacy sometimes gives them a hard time when trying to obtain sharps containers but would see if they could find a solution.</p> <p>On September 1, 2026, at 2:05 p.m., clinical nurse supervisor (CNS)-A stated they were unaware the Dubble Bubble bucket was being used in place of an approved sharps container for</p> | 0 510                                                                                                   |                                                                                                                          |  |                                                     |

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| 0 510                                                      | <p>Continued From page 6</p> <p>R2. CNS-A stated they would correct the issue immediately and provide education for staff.</p> <p>The Center for Disease Control (CDC) Sharps Safety Program Resources website dated April 3, 2024, indicated, "Occupational exposure to bloodborne pathogens from needlesticks and other sharps injuries is a serious problem, resulting in approximately 385,000 needlesticks and other sharps-related injuries to hospital-based healthcare personnel each year. Similar injuries occur in other healthcare settings, such as nursing homes, clinics, emergency care services, and private homes. Sharps injuries are primarily associated with occupational transmission of hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), but they have been implicated in the transmission of more than 20 other pathogens."</p> <p>The OSHA FactSheet for Protecting Yourself When Handling Contaminated Sharps website document, dated January 2011, indicated, "A needlestick or a cut from a contaminated sharp can result in a worker being infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other bloodborne pathogens. The standard specifies measures to reduce these types of injuries and the risk of infection. Careful handling of contaminated sharps can prevent injury and reduce the risk of infection. Employers must ensure that workers follow these work practices to decrease the workers' chances of contracting bloodborne diseases." Additionally, it indicated, "Containers for contaminated sharps must be puncture-resistant. The sides and the bottom must be leakproof. They must be appropriately labeled or color-coded red to warn everyone that the contents are hazardous. Containers for</p> | 0 510                                                                                                   |                                                                                                                          |  |                                                        |

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| 0 510                                                      | <p>Continued From page 7</p> <p>disposable sharps must be closable (that is, have a lid, flap, door, or other means of closing the container), and they must be kept upright to keep the sharps and any liquids from spilling out of the container. The containers must be replaced routinely and not be overfilled, which can increase the risk of needlesticks or cuts. Sharps disposal containers that are reusable must not be opened, emptied, or cleaned manually or in any other manner that would expose workers to the risk of sharps injury. Employers also must ensure that reusable sharps that are contaminated are not stored or processed in a manner that requires workers to reach by hand into the containers where these sharps have been placed."</p> <p>The U.S. Food and Drug Administration's (FDA) Disposal of Sharps by Health Care Facilities dated April 28, 2021, indicated the FDA recommends that used needles and other sharps be immediately placed in FDA-cleared sharps disposal containers. Additionally, the FDA indicated FDA-cleared sharps disposal containers are generally available through pharmacies, medical supply companies, health care providers, and online.</p> <p>The licensee's 8.06 - Disposal of Contaminated Materials policy dated July 1, 2026, defined sharps as, "Sharps: Needles, lancets, syringes with attached needles, scalpels, broken glass, or any item capable of puncturing or cutting skin." It further indicated:</p> <p>"2. Sharps disposal</p> <ul style="list-style-type: none"><li>-Never recap, bend, break, remove, or otherwise manipulate a used needle by hand, except when a specific procedure has no feasible alternative and an approved one-handed or mechanical method is used.</li><li>-Immediately place used sharps into an approved</li></ul> | 0 510                                                                  |                                                                                                                          |  |                                                     |

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| 0 510                                                      | <p>Continued From page 8</p> <p>sharps container that is closable, puncture-resistant, leak-resistant on the sides and bottom, and appropriately labeled or color-coded.</p> <p>-Keep sharps containers upright, securely positioned, readily accessible to staff, and located as close as practical to the point of use.</p> <p>-Close and replace sharps containers before they become overfilled and no later than the manufacturer fill line or approximately three-quarters full when no fill line is present.</p> <p>-Do not open, empty, or manually clean a disposable sharps container. Closed containers will be removed and disposed of through the facility's approved sharps or regulated-waste process."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 510                                                                  |                                                                                                                          |  |                                                     |
| 0 550<br>SS=F                                              | <p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the</p>                                                                               | 0 550                                                                  |                                                                                                                          |  |                                                     |

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| 0 550                                                      | <p>Continued From page 9</p> <p>individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to post information directing individuals to the Office of Health Facility Complaints (OHFC) at the Minnesota Department of Health (MDH) if they had complaints about the facility or person providing services.</p> <p>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).</p> <p>The findings include:</p> <p>On August 31, 2026, at 10:15 a.m., the surveyor observed the licensee's postings which lacked information directing individuals to OHFC if they had complaints about the facility or person providing services.</p> <p>On September 1, 2026, at 11:52 a.m., licensed assisted living director (LALD)-D reviewed all current postings. LALD-D stated there was no OHFC posting and there should be.</p> <p>The licensee's Required Postings policy, dated January 1, 2023, indicated, "Oak Ridge Place will post, in a conspicuous place information about our complaint/grievance procedure, and the</p> | 0 550                                                                  |                                                                                                                          |  |                                                     |

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| 0 550                                                      | Continued From page 10<br><br>name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The positing will also have the contact information for Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. In addition, the posting will include information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                  | 0 550                                                                                                   |                                                                                                                          |  |                                                     |
| 0 775<br>SS=F                                              | 144G.45 Subd. 2. (a) Fire protection and physical environment<br><br>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<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 | 0 775                                                                                                   |                                                                                                                          |  |                                                     |

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| 0 775                                                      | Continued From page 11<br><br>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 September 2 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 775                                                                  |                                                                                                                          |  |                                                     |
| 0 800<br>SS=B                                              | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.<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 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 pattern scope (when more | 0 800                                                                  |                                                                                                                          |  |                                                     |

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| 0 800                                                      | Continued From page 12<br><br>than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 2 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 800                                                                                                   |                                                                                                                          |  |                                                     |
| 01440<br>SS=D                                              | 144G.62 Subd. 4 Supervision of staff providing delegated nurs<br><br>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.<br>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and | 01440                                                                                                   |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK RIDGE PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6060 OXBORO AVENUE NORTH<br/>OAK PARK HEIGHTS, MN 55082</b>                  |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01440                                                      | <p>Continued From page 13</p> <p>thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services for one of three employees (unlicensed personnel (ULP)-C).</p> <p>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).</p> <p>The findings include:</p> <p>ULP-C was hired on August 26, 2024, to provide direct care for residents.</p> <p>On September 1, 2026, at 11:18 a.m., the surveyor observed ULP-C administer Humalog insulin for R2.</p> <p>ULP-C's employee record lacked evidence a RN 30-day supervision was completed.</p> <p>On September 1, 2026, at 1:22 p.m., licensed assisted living director (LALD)-D stated ULP-C did not have a RN 30-day supervision completed. LALD-D stated ULP-C had been rehired after taking a break in employment and the RN 30-day</p> | 01440                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK RIDGE PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6060 OXBORO AVENUE NORTH<br/>OAK PARK HEIGHTS, MN 55082</b>                  |  |                                                     |
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| 01440                                                      | Continued From page 14<br><br>supervision was overlooked.<br><br>The licensee's 6.17 Supervision of Staff - Delegated Services policy dated March 10, 2023, indicated, "1. Direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for [Licensee] and first performs the delegated tasks for residents and thereafter as needed based on performance."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01440                                                                  |                                                                                                                          |  |                                                     |
| 01530<br>SS=D                                              | 144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De-<br><br>(a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements:<br>(1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;<br>(2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness | 01530                                                                  |                                                                                                                          |  |                                                     |

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| 01530                                                      | <p>Continued From page 15</p> <p>and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure two hours of initial mental illness and de-escalation training was conducted within 160 hours of providing direct care to residents for one of three direct care staff (unlicensed personnel (ULP)-B).</p> <p>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).</p> | 01530                                                                  |                                                                                                                          |  |                                                     |

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| 01530                                                      | <p>Continued From page 16</p> <p>The findings include:</p> <p>ULP-B was hired on May 21, 2026, to provide direct care to residents.</p> <p>The licensee's Staff Listing form dated February 2, 2026, indicated ULP-B was a current employee.</p> <p>On September 1, 2026, at 10:50 a.m., the surveyor observed unlicensed personnel (ULP)-B provide medication administration services for R1.</p> <p>ULP-B's record included an Educare (online training platform) transcript which indicated ULP-B completed one hour of the required two hours of mental illness and de-escalation training within 160 hours of providing direct care services.</p> <p>On September 1, 2026, at 1:22 p.m., licensed assisted living director (LALD)-D stated they thought Educare was automatically assigning the required topics for their newly hired employees. LALD-D stated they did not catch this when auditing employee records.</p> <p>The licensee's 5.03 Dementia Training policy dated September 20, 2025, did not address mental health and deescalation training. A policy addressing the topics was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01530                                                                  |                                                                                                                          |  |                                                     |

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| 01610                                                      | Continued From page 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01610                                                                  |                                                                                                                          |  |                                                     |
| 01610<br>SS=D                                              | <p><b>144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring</b></p> <p>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a comprehensive assessment on, or before, the date of admission for one of three residents (R4).</p> <p>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).</p> | 01610                                                                  |                                                                                                                          |  |                                                     |

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| 01610                                                      | <p>Continued From page 18</p> <p>The findings include:</p> <p>R4 was admitted to the licensee on July 29, 2025.</p> <p>R4's Service Plan dated September 25, 2025, indicated R4 received services for AM check in - assistance/care, bathing, bedrail safety, garbage collection, housekeeping, laundry pickup, laundry return, laundry, linen change, medication assistance/medication setup, PM check in - assistance/care, and skin checks. Additionally, recording oxygen saturation, pulse, respirations, temperature, blood pressure and weight.</p> <p>R4's Admission Assessment was completed on August 4, 2025.</p> <p>On September 1, 2026, at 8:28 a.m., licensed assisted living director (LALD)-D stated R4 was admitted on July 29, 2025, and provided a pink sticky note which indicated R4 was admitted on July 29, 2025. The licensee's Current Resident Roster indicated R4 was admitted to the licensee on July 21, 2025, but LALD-D stated it was incorrect.</p> <p>On September 1, 2026, at 12:15 p.m., clinical nurse supervisor (CNS)-A stated R1's admission assessment was completed by the temporary nurse while they were out on maternity leave. CNS-A stated they were aware of the requirements, and it was frustrating to come back from their leave and find problems.</p> <p>The licensee's 6.01 Assessments, Reviews &amp; Monitoring policy dated October 1, 2025, indicated, "Oak Ridge Place will conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan</p> | 01610                                                                  |                                                                                                                          |  |                                                     |

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| 01610                                                      | Continued From page 19<br><br>prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 01610                                                                  |                                                                                                                          |  |                                                     |
| 01620<br>SS=F                                              | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.<br>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.<br>(c) Resident reassessment and monitoring must be conducted by a registered nurse:<br>(1) no more than 14 calendar days after initiation of services;<br>(2) as needed based on changes in the resident's needs; and<br>(3) at least every 90 calendar days.<br>(d) Sections of the reassessment and monitoring | 01620                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK RIDGE PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6060 OXBORO AVENUE NORTH<br/>OAK PARK HEIGHTS, MN 55082</b>                  |  |                                                     |
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| 01620                                                      | <p>Continued From page 20</p> <p>in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a comprehensive reassessment at least every 90 days for three of three residents (R1, R2, R4).</p> <p>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).</p> | 01620                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK RIDGE PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6060 OXBORO AVENUE NORTH<br/>OAK PARK HEIGHTS, MN 55082</b> |                                                                                                                          |  |                                                     |
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| 01620                                                      | <p>Continued From page 21</p> <p>The findings include:</p> <p>R1<br/>R1 was admitted to the licensee on June 30, 2025.</p> <p>R1's Service Plan dated July 1, 2025, indicated R1 received services for activities escort &amp; reminder, AM &amp; PM check in - assistance/care, bathing, bed making, garbage collection, housekeeping, laundry, linen change, and vital signs (oxygen saturation, pulse, respirations, temperature).</p> <p>R1's Residex (charting software) assessment listed the following assessments:<br/>- June 19, 2025, pre-admit assessment;<br/>- July 14, 2025, admission assessment;<br/>- October 15, 2025, Clinical Update 90 Day assessment (93 days since last comprehensive assessment);<br/>- January 14, 2026, Clinical Update 90 Day assessment (91 days since last comprehensive assessment);<br/>- April 15, 2026, Clinical Update 90 Day assessment (91 days since last comprehensive assessment); and<br/>- July 15, 2026, Clinical Update 90 Day assessment (91 days since last comprehensive assessment).</p> <p>On September 1, 2026, at 10:50 a.m., the surveyor observed unlicensed personnel (ULP)-B provide medication administration services for R1.</p> <p>R2<br/>R2 was admitted to the licensee on August 27, 2024, and started receiving assisted living</p> | 01620                                                                                                   |                                                                                                                          |  |                                                     |

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| 01620                                                      | <p>Continued From page 22</p> <p>services on February 2, 2026.</p> <p>R2's Service Plan, dated February 1, 2026, indicated R2 received services for comfort check, housekeeping, laundry, linen change, medication package-specialized, and meal plan-all three meals.</p> <p>R2's Residex assessment list the following assessments:</p> <ul style="list-style-type: none"><li>- January 30, 2026, pre-admit assessment;</li><li>- February 4, 2026, admission assessment;</li><li>- May 15, 2026, Clinical Update 90 Day assessment (100 days since last comprehensive assessment); and</li><li>- August 14, 2026, Clinical Update 90 Day assessment (91 days since last comprehensive assessment).</li></ul> <p>On September 1, 2026, at 11:18 a.m., the surveyor observed ULP-C administer Humalog insulin for R2.</p> <p>R4</p> <p>R4 was admitted to the licensee on July 29, 2025.</p> <p>R4's Service Plan dated September 25, 2025, indicated R4 received services for AM check in - assistance/care, bathing, bedrail safety, garbage collection, housekeeping, laundry pickup, laundry return, laundry, linen change, medication assistance/medication setup, PM check in - assistance/care, and skin checks. Additionally, recording oxygen saturation, pulse, respirations, temperature, blood pressure and weight.</p> <p>R4's Residex assessment list the following assessments:</p> <ul style="list-style-type: none"><li>- October 30, 2026, Clinical Update 90 Day assessment;</li></ul> | 01620                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK RIDGE PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6060 OXBORO AVENUE NORTH<br/>OAK PARK HEIGHTS, MN 55082</b>                  |  |                                                     |
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| 01620                                                      | <p>Continued From page 23</p> <p>- January 29, 2026, Clinical Update 90 Day assessment (91 days since last comprehensive assessment);</p> <p>- April 30, 2026, Clinical Update 90 Day assessment; and</p> <p>- July 31, 2026, Clinical Update 90 Day assessment (92 days since last comprehensive assessment).</p> <p>On September 1, 2026, at 12:04 p.m., clinical nurse supervisor (CNS)-A reviewed R1 and R2's assessments. CNS-A stated the process was to complete a comprehensive pre-assessment followed by another comprehensive assessment within 14 days of resident moving in the facility. CNS-A stated R1 and R2 both had late 90-day assessments. CNS-A stated they would sometimes move assessments that are due on a Saturday to a Monday to be completed. CNS-A stated the assessments should be completed within 90 days.</p> <p>On September 1, 2026, at 12:15 p.m., CNS-A stated some of the 90-day assessments may have landed on a weekend or a holiday. The surveyor explained Residex may be reminding them quarterly rather than every 90 days.</p> <p>The licensee's Assessments, Reviews and Monitoring policy, dated October 1, 2025, indicated an initial nursing assessment must be completed. In addition, "Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment."</p> | 01620                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK RIDGE PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6060 OXBORO AVENUE NORTH<br/>OAK PARK HEIGHTS, MN 55082</b>                  |  |                                                     |
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| 01620                                                      | Continued From page 24<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01620                                                                  |                                                                                                                          |  |                                                     |
| 01640<br>SS=D                                              | 144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to<br><br>(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.<br>(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.<br>(c) The facility must implement and provide all services required by the current service plan.<br>(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.<br>(e) Staff providing services must be informed of the current written service plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to revise and obtain a resident or resident representative's signature documenting a change of services to be provided for one of three residents (R1). | 01640                                                                  |                                                                                                                          |  |                                                     |

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| 01640                                                      | <p>Continued From page 25</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee on June 30, 2025.</p> <p>R1's Service Plan dated July 1, 2025, indicated R1 received services for activities escort &amp; reminder, AM &amp; PM check in - assistance/care, bathing, bed making, garbage collection, housekeeping, laundry, linen change, and vital signs (oxygen saturation, pulse, respirations, temperature).</p> <p>R1's Service Recap Summary dated August 31, 2026, indicated R1 received services for activities escort &amp; reminder, AM &amp; PM check in - assistance care, apartment care support, bed making, meal reminder, pet wellness &amp; care check, record vitals (blood glucose, blood pressure, oxygen saturation, pulse, respirations, temperature, and weight), laundry, bathing, skin check, behavior management, bathroom assistance, garbage collection, and medication assistance. The service recap summary did not match the signed service plan from July 1, 2025.</p> <p>On September 1, 2026, at 10:50 a.m., the surveyor observed unlicensed personnel (ULP)-B provide medication administration services for R1.</p> | 01640                                                                  |                                                                                                                          |  |                                                     |

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| 01640                                                      | <p>Continued From page 26</p> <p>On September 1, 2026, at 12:02 p.m., clinical nurse supervisor (CNS)-A reviewed R1 service recap summary for August 2026 and signed service plan dated July 1, 2025. CNS-A stated the services on the recap summary do not match the signed service plan and they should. CNS-A stated she realized she may be missing some signatures on the service plans with changes in services as she was very good at obtaining initial signatures but needs to get better at obtaining signatures when services change.</p> <p>The licensee's Service Plan policy dated April 10, 2026, indicated: "The service plan and any revisions shall include a signature or other authentication by Oak Ridge Place and by the resident, or resident's representative, documenting agreement on the services to be provided."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01640                                                                  |                                                                                                                          |  |                                                     |
| 01770<br>SS=F                                              | <p>144G.71 Subd. 9 Documentation of medication setup</p> <p>Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure medication setup</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 01770                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01770                                                      | <p>Continued From page 27</p> <p>documentation was accurate for one of one resident (R4).</p> <p>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).</p> <p>The findings include:</p> <p>R4 was admitted to the licensee on July 29, 2025.</p> <p>R4's Service Plan dated September 25, 2025, indicated R4 received services for AM check in - assistance/care, bathing, bedrail safety, garbage collection, housekeeping, laundry pickup, laundry return, laundry, linen change, medication assistance/medication setup, PM check in - assistance/care, and skin checks. Additionally, recording oxygen saturation, pulse, respirations, temperature, blood pressure and weight.</p> <p>R4's Clinical Update Assessment 90 Day dated July 31, 2026, indicated R4 was independent with medications using a weekly medication planner when set up by nursing staff.</p> <p>R4's record lacked documentation of R4's medication setups.</p> <p>On September 1, 2026, at 1:22 p.m., clinical nurse supervisor (CNS)-A sent an email to the surveyor which indicated, "I looked into this, and unfortunately, we identified a gap in our documentation. The nurses have been</p> | 01770                                                                                                   |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>30722</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>09/03/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK RIDGE PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6060 OXBORO AVENUE NORTH<br/>OAK PARK HEIGHTS, MN 55082</b>                  |  |                                                     |
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| 01770                                                      | <p>Continued From page 28</p> <p>completing [R4's] medication setup, but we have not been consistently documenting it in Residex. We caught this during our review yesterday and have corrected the process going forward. [R4's] medication setup completed today, 9/1/26, is documented in Residex, and I have reviewed the documentation expectation with nursing staff moving forward."</p> <p>On September 1, 2026, at 1:27 p.m., CNS-A sent an email to the surveyor which included a Med Setup/Review Summary form which documented R4's medications were set up on September 1-8, 2026.</p> <p>On September 1, 2026, at 2:05 p.m., CNS-A and licensed practical nurse (LPN)-E both stated they used to document medication setups on paper then switched to Residex (charting software). CNS-A stated they had not been documenting medication setups for any of their residents and were correcting the situation immediately.</p> <p>The licensee's 7.09 Medication Management - Dosage Box Setup dated February 1, 2025, indicated, "5. When the licensed nurse has completed setting up the medications into the dosage box, the set-up is documented on the MAR."</p> <p>Minnesota Statute 144G.08 Subd. 41.Medication setup. "Medication setup" means arranging medications by a nurse, pharmacy, or authorized prescriber for later administration by the resident or by facility staff.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01770                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK RIDGE PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6060 OXBORO AVENUE NORTH<br/>OAK PARK HEIGHTS, MN 55082</b>                  |  |                                                     |
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| 01890<br>SS=F                                              | <p><b>144G.71 Subd. 20 Prescription drugs</b></p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure time-sensitive medications were labeled with a legible opened-on date for one of two residents (R1) with medications.</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee on June 30, 2025.</p> <p>R1's Service Plan dated July 1, 2025, indicated R1 received services for activities escort &amp; reminder, AM &amp; PM check in - assistance/care, bathing, bed making, garbage collection, housekeeping, laundry, linen change, and vital signs (oxygen saturation, pulse, respirations, temperature).</p> | 01890                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01890                                                      | <p>Continued From page 30</p> <p>R1's August 2026 Medication Administration Record (MAR) dated September 1, 2026, indicated R1 took the following injection medications:</p> <ul style="list-style-type: none"><li>- "Novolog Flex Pen (Daily) Verify that the insulin pen label matches the MAR. Attach the needle using the proper steps outlined on the laminated med cart guide. Prime the pen, then dialed it to 10 units. Ask the resident to confirm the dose before allowing them to self-inject. Dispose of the used needle in the sharps container. Resident is to inject 10 units before breakfast and dinner. HHA [home health aide/ULP] to support" at 7:00 a.m. and 3:30 p.m.;</li><li>- "Novolog Flex Pen (Daily) Verify that the insulin pen label matches the MAR. Attach the needle using the proper steps outlined on the laminated med cart guide. Prime the pen, then dial to 12 units. Ask the resident to confirm the dose before allowing them to self-inject. Dispose of the used needle in the sharps container. Resident is to inject 12 units before breakfast and dinner. HHA to support. **Separate dose from breakfast and dinner" at 10:30 a.m.; and</li><li>- "Lantus Solostar 100 unit/ml solution pen-injector (daily) Verify that the insulin pen label matches the MAR. Attach the needle using the proper steps outlined on the laminated med cart guide. Prime the pen, then dial to 42 units. Ask the resident to confirm the dose before allowing them to self-inject. Dispose of the used needle in the sharps container. Resident is to inject 42 units before breakfast and dinner. HHA to support" at 7:30 p.m.</li></ul> <p>On August 31, 2026, at 10:15 a.m., during the facility tour, the surveyor observed R1's medication drawer with clinical nurse supervisor (CNS)-A. The insulin pens for R1 did not have an</p> | 01890                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01890                                                      | <p>Continued From page 31</p> <p>open date on the insulin pens. R1's insulin pens did have a date of August 29, 2026, on each bag the insulin was stored in. CNS-A stated the insulin pens were currently used by R1, and the date should be on the insulin pen. CNS-A stated the staff should be utilizing the "open date" sticker on the insulin pens as the pens can become separated from the bags.</p> <p>On September 1, 2026, at 10:50 a.m., the surveyor observed unlicensed personnel (ULP)-B administer/prepare R1's Novolog insulin per order. ULP-B stated they are responsible for dating any medication they open when the medication is opened. ULP-B stated she should have dated the actual insulin pen for R1 when it was opened.</p> <p>The manufacturer instructions for Lantus Solostar Pens last revised in May 2025, indicated an opened SoloStar prefilled pen in use should be stored at room temperature and used for up to 28 days.</p> <p>The manufacturer instructions for Novolog FlexPen last revised in May 2026, indicated, "Store unused NovoLog® pens, PenFill® cartridges, and vials at room temperature up to 86°F for up to 28 days," and "Dispose after 28 days, even if there is insulin left in the pen or vial."</p> <p>The licensee's 7.11 Medication Storage policy dated March 10, 2023, indicated:<br/>"-Medications will be stored consistent with each residents' medication management plan and service plan.<br/>-Medications managed by Oak Ridge Plan will be stored to prevent diversion of medications by residents or others who may have access to the medications. Diversion means the misuse, theft,</p> | 01890                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01890                                                      | <p>Continued From page 32</p> <p>or illegal or improper dispositions of medications.<br/>-Medications managed outside of a resident's private "living space" must be in securely locked and substantially constructed compartments and permit only authorized personnel to have access. This may be a medication room, medication cart, or similar setup.<br/>-Medications will be stored consistent with manufacturer's recommendations (refrigerated, room temperature, or frozen)."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01890                                                                                                   |                                                                                                                          |  |                                                        |



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

Page: 1

| Establishment Info                                                                                                                                 | License Info                                                                                                      | Inspection Info                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OAK RIDGE PLACE<br>6060 OXBORO AVENUE NORTH <br>Oak Park Heights, MN 55082<br>Washington County<br>Parcel:<br><br>Phone:<br>info@oakridgeplace.com | License: HFID 30722<br><br>Risk:<br>License:<br>Expires on:<br>CFPM: Sheena Rubi<br>CFPM #: 24560; Exp: 3/22/2027 | Report Number: F1031261273<br>Inspection Type: Full - Single<br>Date: 8/31/2026 Time: 11am<br>Duration: minutes<br>Announced Inspection:<br><u>Total Priority 1 Orders: 2</u><br><u>Total Priority 2 Orders: 2</u><br><u>Total Priority 3 Orders: 6</u><br><u>Delivery: Emailed</u> |

New Order: 2-300 Personal Cleanliness

2-301.12C      Priority Level: Priority 3    CFP#: 8  
MN Rule 4626.0070C Food employees must avoid recontamination of their hands after handwashing by using a disposable paper towel or similar clean barrier to close faucet handles on a handwashing sink or the handle on a restroom door.  
COMMENT:  
OBSERVED EMPLOYEE USING BARE HANDS TO TURN OFF FAUCET AFTER WASHING HANDS.  
EXPLAINED TO EMPLOYEE THAT WE PREVENT RECONTAMINATION AND ILLNESS BY USING PAPER TOWEL TO CLOSE OFF FAUCET.  
DISCUSS PROPER HANDWASHING PROCEDURE WITH ALL EMPLOYEES.

Comply By: 9/3/2026      Originally Issued On: 8/31/2026

! 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:  
OBSERVED COOKED BLACK BEANS BEING STORED NEXT TO RAW BACON  
  
HAD PIC MOVE BACON BELOW BEANS.  
  
STORE ALL COOKED AND READY-TO-EAT PRODUCTS ABOVE AND AWAY FROM RAW MEATS.

Comply By: Complied On Site      Originally Issued On: 8/31/2026

**New Order: 3-500A Microbial Control: cooling**

3-501.13ABC      *Priority Level: Priority 3   CFP#: 35*

*MN Rule 4626.0380ABC* Thaw TCS food by one of the following methods: 1. under mechanical refrigeration that maintains the food temperature at 41 degrees F (4 degrees C) or less; 2. completely submerged under running water at 70 degrees F (21 degrees C) or less with a velocity to remove loose particles on an overflow and the food is maintained at 41 degrees F (5 degrees C) or less; 3. in a microwave oven or; 4. as part of the cooking process.

COMMENT:

OBSERVED CAMBRO OF COLE SLAW COOLING WITH LID ON.

DISCONSSSED PROPER COOLING WITH PIC.

DISCONTINUE COOLING WITH LIDS ON CONTAINERS.

COOLING INFO SENT WITH REPORT.

*Comply By: 9/3/2026      Originally Issued On: 8/31/2026*

**New Order: 4-100 Equipment Construction Materials**

4-101.11BCDE      *Priority Level: Priority 3   CFP#: 47*

*MN Rule 4626.0450BCDE* Remove all multi-use equipment, utensils, and food storage containers that are not durable, corrosion-resistant, nonabsorbent, smooth, easily cleanable, resistant to pitting, chipping, scratching or not able to withstand repeated warewashing.

COMMENT:

2 SPATULAS WITH PLASTIC BUBBLED/UNCLEANABLE AND 1 SPATULA WITH DAMAGE TO FOOD CONTACT SURFACE WERE STORED IN UTENSIL AREA.

\*\*\*SPATULAS DISCARDED\*\*\*

REMOVE FROM SERVICE ALL DAMAGED UTENSILS THAT ARE UNCLEANABLE OR MAY CAUSE PHYSICAL CONTAMINATION.

*Comply By: 9/21/2026      Originally Issued On: 8/31/2026*

**New Order: 4-300 Equipment Numbers and Capacities**

4-301.11      *Priority Level: Priority 2   CFP#: 33*

*MN Rule 4626.0675* Provide equipment in sufficient number and capacity for cooling, heating, hot and cold holding of food to maintain foods at proper temperatures.

COMMENT:

CURRENT COOLING AND COLD HOLDING EQUIPMENT DOES NOT MEET THE NEEDS OF ESTABLISHMENT, CAUSING CROSS-CONTAMINATION ISSUES.

FACILITY IS UNABLE TO INCREASE DELIVERY DAYS (CURRENTLY 2 DELIVERIES/WK.).

RECOMMEND

MANAGEMENT TO ADDRESS CAPACITY ISSUE AND PROVIDE SOLUTION TO INSPECTOR AS SOON AS POSSIBLE.

*Comply By: 9/21/2026      Originally Issued On: 8/31/2026*

**New Order: 4-600 Cleaning Equipment and Utensils**

4-601.11A      *Priority Level: Priority 2   CFP#: 16*

*MN Rule 4626.0840A* Equipment food-contact surfaces and utensils must be clean to sight and touch.

COMMENT:

1. CAN OPENER FOUND WITH FOOD BUILDUP ON BLADE.

HAD CAN OPENER SENT TO DISH FOR CLEANING.

CHECK CAN OPENER FOR BLADE DEBRIS PRIOR TO USE AND CLEAN CAN OPENER AFTER USE DAILY.

2. MIXER ON STAND HAS BUILDUP OF FOOD DEBRIS ON GUARD AND BACK SURROUND.

CLEAN ABOVE AREAS PRIOR TO USE.

ENSURE ALL AREAS OF MIXER ARE 100% CLEANED.

*Comply By: 9/2/2026      Originally Issued On: 8/31/2026*

**New Order: 4-600 Cleaning Equipment and Utensils**

4-602.13      *Priority Level: Priority 3   CFP#: 49*

*MN Rule 4626.0855* Clean all non-food-contact surfaces of equipment at a frequency necessary to preclude accumulation of soil residues.

COMMENT:

INTERIOR OF UTENSIL DRAWER ON CENTER KITCHEN TABLE HAS FOOD DEBRIS AND MAY BE SHOWING SIGNS OF DEGRADATION.

CLEAN DRAWER INTERIOR.

COVER INTERIOR WITH LINER OR REPLACE DRAWER INTERIOR IF ANY RUST/DEGRADATION PRESENT.

*Comply By: 9/21/2026      Originally Issued On: 8/31/2026*

**New Order: 6-200 Physical Facility Design and Construction**

6-202.11A      *Priority Level: Priority 3   CFP#: 56*

*MN Rule 4626.1375A* Provide effective shielding, coated or shatter-resistant light bulbs for all light fixtures where there is exposed food, clean equipment, utensils and linens, or unwrapped single-service or single-use articles.

COMMENT:

LIGHT SHIELD ABOVE CENTER FOOD PREP TABLE IS BROKEN/DAMAGED.

REPLACE LIGHT SHIELD.

*Comply By: 9/21/2026      Originally Issued On: 8/31/2026*

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

6-501.11      *Priority Level: Priority 3   CFP#: 55*

*MN Rule 4626.1515* Maintain the physical facilities in good repair.

COMMENT:

LIGHTS ABOVE CENTER COOK TABLE CREATE ELECTRIC SHOCK WHEN BOTH LIGHTS ARE TOUCHED AT SAME TIME.

REPAIR ELECTRICAL.

*Comply By: 9/21/2026      Originally Issued On: 8/31/2026*

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**! New Order: 7-200 Toxic Supplies and Applications**

7-201.11A      *Priority Level: Priority 1   CFP#: 28*

*MN Rule 4626.1600A* Separate poisonous or toxic materials from food, equipment, utensils, linens, and single-service and single-use articles by spacing or partitioning.

**COMMENT:**

FACILITY HAS MULTIPLE AREAS WHERE CHEMICALS ARE STORED NEXT TO OR ABOVE FOOD, FOOD CONTACT SURFACES (ROBOT COUPE), OR ABOVE CLEAN DISH AREA.

PIC REMOVED ALL CHEMICALS NEXT TO FOOD.

STORE ALL CHEMICALS IN AREA AWAY FROM ALL FOOD AND FOOD SERVICE ITEMS.

*Comply By: 8/31/2026      Originally Issued On: 8/31/2026*

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## Food & Beverage General Comment

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Nurse Evaluator on site: Joey K

Facility has complete commercial kitchen.

All violations discussed with PIC during the inspection.

**NOTES:**

Facility does not do cooling of foods due to lack of space.

Discussed the following with pic:

Hand washing

Chemical storage

Illness and illness log

No undercooked foods and cooking temps

Pasteurized egg use

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**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 F1031261273 from 8/31/2026**



---

Sheena R  
Person in Charge

---

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

Page: 1

|                                                                                                     |                                                                                                                |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Establishment Info</b><br>OAK RIDGE PLACE<br>Oak Park Heights<br>County/Group: Washington County | <b>Inspection Info</b><br>Report Number: F1031261273<br>Inspection Type: Full<br>Date: 8/31/2026<br>Time: 11am |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

**Food Temperature:** **Product/Item/Unit:** Cheese Curd; **Temperature Process:** Cooking

**Location:** Fryer at 202 Degrees F.

Comment:

Violation Issued?: No

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

**Location:** Prep Table (top) at 37 Degrees F.

Comment:

Violation Issued?: No

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

**Location:** Prep Table (bpttom) at 40 Degrees F.

Comment:

Violation Issued?: No

**Food Temperature:** **Product/Item/Unit:** Hard Boiled Eggs; Chopped; **Temperature Process:** Cold-Holding

**Location:** 2-Door Cooler at 37 Degrees F.

Comment:

Violation Issued?: No

**Food Temperature:** **Product/Item/Unit:** Cole Slaw; **Temperature Process:** Cooling

**Location:** 2-Door Cooler at 51 Degrees F.

Comment: Cooling for < 1hr

Violation Issued?: No

**Food Temperature:** **Product/Item/Unit:** Fish; **Temperature Process:** Hot-Holding

**Location:** Steam Table at 171 Degrees F.

Comment:

Violation Issued?: No

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

**Location:** Glass 1-Door Cooler (dining area) at 41 Degrees F.

Comment:

Violation Issued?: No



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

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Inspection Info

OAK RIDGE PLACE  
Oak Park Heights  
County/Group: Washington County

Report Number: F1031261273  
Inspection Type: Full  
Date: 8/31/2026  
Time: 11am

**Sanitizing Equipment:** **Product:** Chlorine; **Sanitizing Process:** Dish Machine

**Location:** Dishwashing Area **Equal To** 100 Degrees F.

Comment:

*Violation Issued?: No*

**Sanitizing Equipment:** **Product:** Quaternary Ammonia; **Sanitizing Process:** Dish Machine

**Location:** Dishwashing Area **Equal To** 200 Degrees F.

Comment:

*Violation Issued?: No*

**Sanitizing Chemical:** **Product:** Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

**Location:** Kitchen **Equal To** 150 PPM

Comment:

*Violation Issued?: No*

## Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

|                                                                        |                       |
|------------------------------------------------------------------------|-----------------------|
| <b>Project No:</b> SL30722016-0                                        | <b>Date:</b> 9/2/2026 |
| <b>Facility Name:</b> Oak Ridge Place                                  |                       |
| <b>Facility Address:</b> 6060 Oxboro Ave N, Oak Park Heights, MN 55082 |                       |

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☒ **TAG IDENTIFICATION: 0775**

**SCOPE/ SEVERITY:** Level 2; Widespread

**TIME PERIOD OF CORRECTION:** Seven (7) days

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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. 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: In the 1<sup>st</sup> floor laundry room, the trash chute door did not self-close.*

3. The emergency power system for means of egress illumination shall provide power for not less than 30 minutes and consist of storage batteries, unit equipment, or an on-site generator. [Minn. Stat. 144G.45 subd. 2; MSFC 1104.5.3]

*Comments: The emergency light on the 1<sup>st</sup> floor near the restrooms did not operate when tested.*

4. Exit signs shall be illuminated at all times. To ensure continued illumination for a duration of not less than 90 minutes in case of primary power loss, the sign illumination means shall be connected to an emergency power system provided from storage batteries, unit equipment or an on-site generator. [Minn. Stat. 144G.45 subd. 2; MSFC 1013.6.3]

*Comments: The exit sign at the door in the facility kitchen was not illuminated.*

5. A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice. Means of egress shall remain free of any material or matter where its presence would obstruct or render the means of egress hazardous. No combustible material storage is allowed in the corridors or exit stairs. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.3]

*Comments: The facility kitchen exit door would not open without significant force. The exit door itself was causing the obstruction.*

6. Occupancy separations shall be provided in buildings containing Group I and Group R occupancies as specified in Sections 1105.2.1 through 1105.2.3.1. These separations shall be constructed and maintained in accordance with the Building Code. [Minn. Stat. 144G.45 subd. 2; MSFC 1105.2]

*Comments: The parking garage ceiling had multiple points of penetration on the ceiling leading to the 1<sup>st</sup> floor that did not have any type of fire stopping measures.*

7. Automatic fire-extinguishing systems, other than automatic sprinkler systems, shall be designed, installed, inspected, tested and maintained in accordance with the provisions of this section and the applicable referenced standards. [Minn. Stat. 144G.45 subd. 2; MSFC 904.1]

*Comment: In the parking garage there were multiple wires secured the sprinkler system piping.*

8. All valves controlling water supplies for automatic sprinklers shall be locked or secured in the open position. [Minn. Stat. 144G.45 subd. 2; MSFC 903.4.4]

*Comments: The sprinkler control valves are located in the parking garage and were not secured by any means.*

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☒ **TAG IDENTIFICATION: 0800**

**SCOPE/ SEVERITY:** Level 1; Pattern

**TIME PERIOD OF CORRECTION:** Twenty One (21) days

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1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

*Comments: On the 3<sup>rd</sup> floor near units 306 and 308 the gypsum board on the ceiling was releasing at the seam.*

*In Housing directors' office there was a hole in the wall beneath the security system box.*