Electronically Delivered

June 12, 2026

Licensee
Golden Heart Home
5808 West 70th Street
Edina, MN 55439

RE: Project Number(s) SL35751016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 27, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35751	A. BUILDING: _____ B. WING _____	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HEART HOME	5808 WEST 70TH STREET EDINA, MN 55439

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL37101016-0 On May 26, 2026, through May 27, 2026, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were five residents: all of whom received services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma	0 630		

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0 630	Continued From page 1 (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for three of five residents (R1, R2, R5). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted to the licensee on March 29, 2024, with diagnoses that included multiple sclerosis, anemia, ataxic gait, generalized anxiety disorder, hyperlipidemia, insomnia, leukocytosis, morbid obesity, schizoaffective disorder, and depressive types.	0 630		

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0 630	Continued From page 2 R1's signed Service Plan (Waiver)- Addendum to Contract signed and dated May 19, 2026, indicated R1 received services for bathing, dressing, grooming, incontinence care, medication administration, meal assistance, and safety check. R1's IAPP completed on March 10, 2026, read "Resident is at risk to be abused (physically, verbally, emotionally, financially, and/or sexually), specify measures to minimize risk:" The IAPP lacked measures to minimize risk of being abused by other individuals. R2 R2 was admitted to the licensee May 26, 2025, with diagnoses that included splenomegaly, anxiety disorder, bipolar disorder, elevated bone alkaline phosphatase, fatty liver, gallstones, hypertension, knee arthritis, lumbar disk degeneration, depression, other specific personality disorders, post-traumatic stress disorder, restless leg syndrome, and type 2 diabetes. R2's assessment completed on March 24, 2026, indicated R2 received services for bathing, hygiene, grooming, oral care, and medication administration. R2's IAPP completed on March 24, 2026, indicated R2 was at risk to be abused physically, verbally, emotionally, financially, and sexually. The plan did not include a specific measure to minimize risk of being abused by others. The plan also did not indicate whether R2 was at risk of abusing others. R5	0 630		

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0 630	Continued From page 3 R5 was admitted to the licensee May 20, 2025, with diagnoses that included schizophrenia, anxiety, hypertension, hypothyroidism, nocturnal enuresis, and obsessive compulsory disease (OCD). R5's assessment completed March 10, 2026, indicated R5 received services for minimal assist with bathing and medication administration. R5's IAPP completed on March 10, 2026, indicated R5 was at risk to be abused physically, verbally, emotionally, financially, and sexually; and included specific measures to minimize the risk of abuse. The plan did not indicate whether R5 was at risk of abusing others. On May 26, 2026, at 11:50 a.m., clinical nurse supervisor (CNS)-C stated the IAPPs were completed by a nurse who was no longer working for the licensee, however, CNS-C stated they were not aware of the required content that needed to be included in the IAPP. The licensee's 6.05 Individual Abuse Prevention Plan policy dated July 20, 2021, indicated the plan will contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including: a. other vulnerable adults b. the person's risk of abusing other vulnerable adults, and c. statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		

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01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (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. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring 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. (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	01620		

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01620	Continued From page 5 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. (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident assessment and reassessment, not to exceed 90 calendar days from the last date of the assessment for five of five residents (R1, R2, R3, R4, R5). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted to the licensee on March 29, 2024, with diagnoses that included multiple sclerosis, anemia, ataxic gait, generalized anxiety disorder, hyperlipidemia, insomnia, leukocytosis, morbid obesity, schizoaffective disorder, and depressive types.	01620		

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01620	Continued From page 6 R1's signed Service Plan with effective date of May 19, 2026, indicated R1 received services for bathing, dressing, grooming, incontinence care, medication administration, meal assistance, and safety check. R1's record included 90-day nursing assessments dated September 2, 2025, December 16, 2025, and March 10, 2026. The assessment completed on December 16, 2025, was 15 days past the 90-calendar day requirement. R2 R2 was admitted to the licensee May 26, 2025, with diagnoses that included splenomegaly, anxiety disorder, bipolar disorder, elevated bone alkaline phosphatase, fatty Liver, gallstones, hypertension, knee arthritis, lumbar disk degeneration, depression, other specific personality disorders, post-traumatic stress disorder, restless leg syndrome, and type 2 diabetes. R2's assessment completed March 24, 2026, indicated R2 received services bathing, hygiene, grooming, oral care, and medication administration. R2's record included 90-day nursing assessments completed on September 16, 2025, December 16, 2025, and March 24, 2026. The assessment completed on December 16, 2025, was 1 day past the 90-calendar day requirement, and the assessment completed on March 24, 2026, was 8 days past the 90-calendar day requirement. R3	01620		

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01620	Continued From page 7 R3 was admitted to the licensee on June 23, 2020, with diagnoses that included diabetes, anxiety disorder, bipolar disorder, borderline personality disorder, cerebral infarction, depression, eczema, encephalopathy, endometrial cancer, epilepsy, hypertension, hyperthyroidism, morbid obesity, and psychoactive substance abuse. R3's assessment completed on March 13, 2026, indicated R3 received services for bathing, dressing, grooming, toileting, hygiene, oral care, and medication administration. R3's record included 90-day nursing assessments completed on September 12, 2025, December 16, 2025, and March 13, 2026. The assessment completed on December 16, 2025, was 5 days past the 90-calendar day requirement. R4 R4 was admitted to the licensee October 23, 2023, with diagnoses that included seronegative inflammatory arthritis, allergic rhinitis, asthma, borderline personality disorder, calcium phosphate deposition disease, diabetes type 2, generalized anxiety disorder, hyperlipidemia, iron deficiency anemia, major depression, migraines, mild cognitive impairment, obstructive sleep apnea, peripheral and axial spondyloarthropathy, osteoarthritis, rheumatoid arthritis. R4's assessment completed March 24, 2026, indicated R4 received services for bathing, dressing, hygiene, grooming, oral care, supervision on transfer, and medication administration. R4's record included 90-day nursing	01620		

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01620	Continued From page 8 assessments completed on September 16, 2025, December 16, 2025, January 28, 2026, and March 24, 2026. The assessment completed on December 16, 2025, was 1 day past the 90-calendar day requirement. R5 R5 was admitted to the licensee May 20, 2025, with diagnoses that included schizophrenia, anxiety, hypertension, hypothyroidism, nocturnal enuresis, and obsessive compulsory disease (OCD). R5's assessment completed March 10, 2026, indicated R5 received services for minimal assist with bathing and medication administration. R5's record included 90-day nursing assessments completed on September 12, 2025, December 16, 2025, and March 10, 2026. The assessment completed on December 16, 2025, was 5 days past the 90-calendar day requirement. On May 26, 2026, at approximately 1:35 p.m., clinical nurse supervisor (CNS)-C stated, they were not aware the assessments were late, but they were aware of the 90-day requirement to complete nursing assessments. CNS-C stated the previous nurse who was responsible for completing assessment did not complete them on time. The licensee's 6.01 Assessment , Reviews & Monitoring Policy dated August 1, 2022, indicated 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	01620		

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01620	Continued From page 9 resident and cannot exceed 90 calendar days from the last date of the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

GOLDEN HEART HOME
5808 W 70th St
Edina, MN 55439
Hennepin County
Parcel:

Phone:

License Info

License: HFID 35751

Risk:
License:
Expires on:
CFPM: Mahad Sharif Mohamed
CFPM #: 16293; Exp: 7/26/2027

Inspection Info

Report Number: F1063261127
Inspection Type: Full - Single
Date: 5/26/2026 Time: 11:30 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

Inspection was completed with MDH Health Regulation Division Nurse Evaluator Dee Mosissa conducting the site survey.

Discussed highly susceptible populations, glove use, same day food service, food storage & temperature control, sanitizers, test kits, ware washing, pest control, vomit cleanup procedures, and employee illness policy.

REFRIGERATOR TEMPERATURE: MILK 42 DEGREES F
DISH MACHINE UTENSIL SURFACE TEMPERATURE: >170 DEGREES F

The facility has a residential kitchen. Food must be prepared for same day service only. The kitchen has vinyl panel flooring, tile backsplash above sink & stove, smooth painted walls & ceiling, smooth countertops, and wooden cabinetry. All found to be in good condition. Equipment includes a two-basin sink with a separate porcelain sink designated for handwashing, and ANSI residential fridge/freezer & dish machine.

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling, major equipment additions, or changes of equipment due to a menu change.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455

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 F1063261127 from 5/26/2026

Mahad Mohamed
Operator

Laura Yang,
Public Health Sanitarian 1
651-201-3581
laura.yang@state.mn.us